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ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

Council of Teaching Hospitals

Survey of Housestaff Stipends, Benefits and Funding, 1991

October 1991

DIVISION OF CLINICAL SERVICES

Surveys Conducted for the Council of Teaching Hospitals

- COTH Survey of Housestaff Stipends, Benefits, and Funding
- COTH Survey of Hospitals' Financial and General Operating Data*
- COTH Executive Salary Survey**

Surveys Conducted for the Group on Faculty Practice

- GFP Practice Plan Profiles*

**Distributed on a confidential basis to survey participants.*
***Distributed on a confidential basis to COTH member CEOs.*

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Benefits and Funding, 1991

Prepared by

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INTRODUCTION

The COTH Survey of Housestaff Stipends, Benefits, and Funding is published annually by the Association of American Medical Colleges (AAMC). The 1991 survey questionnaire, which appears in Appendix B, was sent to all Council of Teaching Hospital (COTH) members in May 1991. This report summarizes the responses from 319 members, an 81 percent response rate. As several surveys contained only partial data, fewer than 319 respondents are represented in many tables.

The 1991 report displays data in cross-tabular format allowing hospitals to compare their stipend and other data across multiple peer groups. It includes only those characteristics which are significant determinants of variation in housestaff stipends, according to regression analyses. Some survey results do not appear in the tables and are analyzed in the text. Readers should note that historical data displayed here (with the exception of Table 1) do not represent a cohort of institutions, as different COTH hospitals may respond to the survey each year. Therefore, changes in stipends from year to year reflect characteristics of responding hospitals as well as actual salary changes.

The layout of the report is similar to prior years. Chapter I contains stipend data for all respondents, reported by hospital region, ownership, and city. Data are unadjusted for regional wage differences and only in Table 2 are the data adjusted for inflation. Approximately 21 percent of respondents estimated 1991-92 stipend data. Chapter II contains data on benefits provided to housestaff and their dependents. New questions were added this year relating to duty hours and moonlighting policies, immunization policies, portable long-term disability insurance, and shared positions. Chapter III contains data on teaching hospital expenditures and sources of funding for housestaff stipends and benefits. The cross-tabular format displays benefits and expenditures data by region and ownership. This year, we have appended recent articles published in the bimonthly COTH Report newsletter which are based on data collected in last year's housestaff survey. These articles address recruitment incentives, changes in funding of stipends and benefits over the past five years, the use of ambulatory training sites, drug/alcohol policies, and trends in housestaff benefits. Other appendices include the survey response rate by region and ownership and the 1991 COTH housestaff survey questionnaire.

The cooperation of all participating COTH member institutions is greatly appreciated. The comments of those who complete the surveys also are valued as they add to the Association's knowledge of our members and facilitate the production of better surveys in the future. Finally, I would like to thank Janie Bigelow, Dale Hall and the Computer Services Department for their efforts. Questions regarding this data book as well as requests for special analyses should be directed to the author.

Alison Evans
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CHAPTER I

HOUSESTAFF STIPENDS AND RESIDENCY PROGRAM DATA

STIPENDS NATIONWIDE (Table 1)

Table 1 contains summary data on national housestaff stipends for each of eight post-MD years. The 1991-92 mean first post-MD year stipend for all COTH respondents is $27,211. Each additional year of post-graduate training is associated with an increase of approximately $1,450 in the mean stipend value. Thus, 8th post-MD year housestaff earn about $10,000 more than 1st post-MD year housestaff. **Table 1** also displays stipend changes from 1990-91 to 1991-92 in percents and dollars. Mean first post-MD year stipends in 1991-92 are $1,340 (5.3 percent) higher than in 1990-91 based on a cohort analysis. The percentage increases for all post-MD years are lower than the changes a year ago. Current increases range from 3.5% to 5.3% compared to 4.0% to 5.7% for last year.

A large proportion (77%) of respondents provide higher compensation to chief residents; of these, eleven percent indicated that the amount varied by program (data not shown). Half of the hospitals provide additional compensation to chief residents of $1000 to $2500 above the base stipend payment for a given year, although the range is from $25 to $15,000. In some cases hospitals reported the amount as a separate annual stipend level, generally one post-MD year step above other housestaff.

Table 1

Housestaff Stipends Nationwide
1991-92
Dollar and Percent Changes from Prior Year

Year of Training	N	MEAN	Percentiles 25th	50th	75th
1st Post-MD Year	309	$27,211	$25,534	$27,000	$28,363
2nd Post-MD Year	308	28,730	26,700	28,074	30,212
3rd Post-MD Year	308	30,191	27,800	29,424	31,761
4th Post-MD Year	303	31,749	29,000	30,763	33,700
5th Post-MD Year	294	33,098	30,198	32,246	35,100
6th Post-MD Year	264	34,521	31,329	33,742	37,147
7th Post-MD Year	181	35,796	32,200	34,551	38,374
8th Post-MD Year	57	37,830	34,065	37,320	43,075

Percent Change from 1990-91

Year of Training	N	MEAN	Percentiles 25th	50th	75th
1st Post-MD Year	265	5.3%	3.5%	5.0%	7.0%
2nd Post-MD Year	264	4.9	3.0	4.8	6.5
3rd Post-MD Year	264	4.8	3.1	4.6	6.0
4th Post-MD Year	256	4.7	3.0	4.5	6.0
5th Post-MD Year	248	4.4	2.5	4.5	5.8
6th Post-MD Year	213	4.5	2.2	4.5	5.9
7th Post-MD Year	146	4.0	2.3	4.0	5.0
8th Post-MD Year	39	3.5	0.0	4.0	5.0

Dollar Change from 1990-91

Year of Training	N	MEAN	Percentiles 25th	50th	75th
1st Post-MD Year	265	$1,340	$921	$1,221	$1,700
2nd Post-MD Year	263	1,332	871	1,250	1,725
3rd Post-MD Year	264	1,349	902	1,300	1,782
4th Post-MD Year	256	1,413	882	1,326	1,862
5th Post-MD Year	248	1 379	789	1,314	1,930
6th Post-MD Year	213	1,457	700	1,400	1,989
7th Post-MD Year	146	1,337	752	1,352	1,861
8th Post-MD Year	39	1,152	0	1,550	1,792

NATIONWIDE STIPENDS, 1968-69 THROUGH 1991-92 (Tables 2 and 3)

Table 2 traces mean first post-MD year stipends from 1968-69 to the current year. This series of stipends is not a cohort analysis, thus changes in stipends from year to year reflect characteristics of responding hospitals as well as actual salary changes. **Figure 1** shows actual stipends and stipends adjusted by the Consumer Price Index (CPI) for 1968-69 to 1991-92. Although the CPI index used had a base year of 1982, the data were adjusted to constant 1968 dollars.

Table 3 adds an additional dimension by providing the increases associated with both a step to the next higher post-MD year and overall adjustments of stipend amounts. Thus, the total increase for a cohort of residents includes a step increase (the increase in payment received when entering the next post-MD level) and a base increase (the over-all average stipend increase associated with inflation for every post-MD year). The mean increase from the first post-MD year in 1990-91 to the second year in 1991-92 is $2,867 or 11.1 percent. The percent increase declines for each succeeding cohort, reaching 7.6 percent for the cohort of housestaff going from 7th to 8th post-MD years.

Table 2

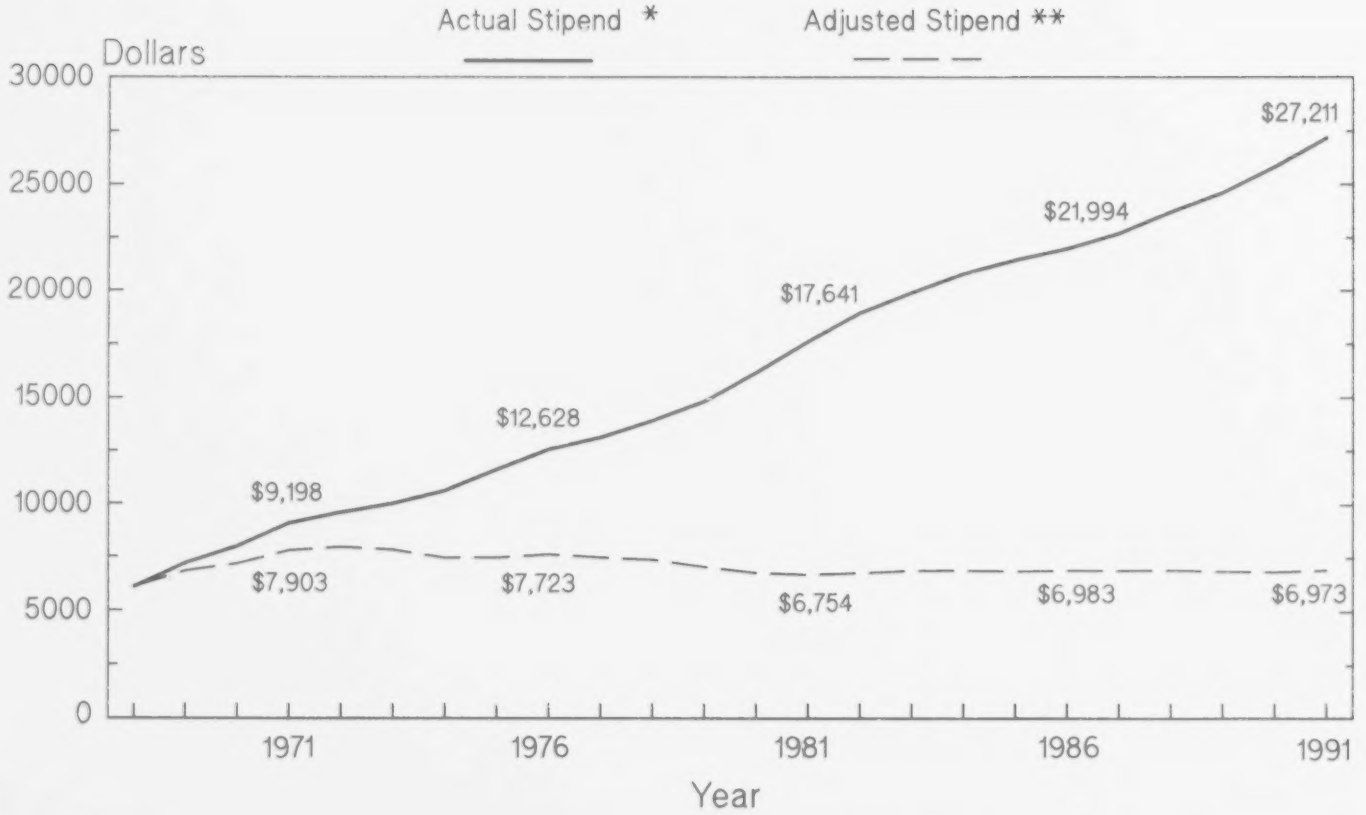
Mean First-Year Housestaff Stipends Nationwide
1968-69 through 1991-92
Actual and Adjusted Figures *

Year	Actual Stipend	Change from Prior Years Percent	Change from Prior Years Dollars	CPI**	Adjusted Stipend
1991-92	$27,211	5.2%	$1,353	135.8#	$6,973
1990-91	25,858	4.9	1,209	130.7	6,885
1989-90	24,649	3.9	920	124.0	6,918
1988-89	23,729	4.5	1,013	118.3	6,980
1987-88	22,716	3.3	722	113.6	6,959
1986-87	21,994	2.5	538	109.6	6,983
1985-86	21,456	3.1	642	107.6	6,939
1984-85	20,814	4.5	895	103.9	6,971
1983-84	19,919	5.1	958	99.6	6,960
1982-83	18,961	7.5	1,320	96.5	6,838
1981-82	17,641	9.0	1,453	90.9	6,754
1980-81	16,188	9.0	1,335	82.4	6,837
1979-80	14,853	6.4	888	72.6	7,120
1978-79	13,965	5.9	779	65.2	7,454
1977-78	13,186	4.4	558	60.6	7,572
1976-77	12,628	8.1	943	56.9	7,723
1975-76	11,685	9.3	993	53.8	7,558
1974-75	10,692	5.7	578	49.3	7,547
1973-74	10,114	4.3	416	44.4	7,927
1972-73	9,698	5.4	500	41.8	8,074
1971-72	9,198	13.3	1,083	40.5	7,903
1970-71	8,115	10.8	790	38.8	7,278
1969-70	7,325	18.1	1,125	36.7	6,946
1968-69	6,200	---	---	34.8	6,200

* Beginning in 1989, data surveyed are for the forthcoming year.
** Consumer Price Index, Department of Labor, Bureau of Labor Statistics
# Projected

Figure 1

Mean First Year Housestaff Stipends
1968–69 through 1991–92
Actual and Adjusted Stipends



* COTH Survey of Housestaff Stipends, Benefits, and Funding, 1968-1991, AAMC.

** Based on the Consumer Price Index published by the U.S. Department of Labor, Bureau of Labor Statistics.

Table 3

Changes in Nationwide Housestaff Stipends Received by Cohorts of Residents 1990-91 to 1991-92

Percent Changes

Year of Training	N	MEAN	Percentiles 25th	50th	75th
1st to 2nd Post-MD Year	264	11.1%	8.6%	10.5%	13.1%
2nd to 3rd Post-MD Year	264	10.1	7.9	9.5	11.9
3rd to 4th Post-MD Year	259	10.0	7.7	9.4	11.8
4th to 5th Post-MD Year	249	9.3	7.1	9.1	11.3
5th to 6th Post-MD Year	221	9.0	6.1	8.9	11.1
6th to 7th Post-MD Year	156	8.2	5.6	8.2	10.4
7th to 8th Post-MD Year	47	7.6	4.0	8.8	9.6

Dollar Changes

Year of Training	N	MEAN	Percentiles 25th	50th	75th
1st to 2nd Post-MD Year	264	$2,867	$2,188	$2,648	$3,508
2nd to 3rd Post-MD Year	264	2,771	2,107	2,599	3,362
3rd to 4th Post-MD Year	259	2,861	2,077	2,700	3,413
4th to 5th Post-MD Year	249	2,792	2,000	2,670	3,348
5th to 6th Post-MD Year	221	2,824	1,932	2,780	3,477
6th to 7th Post-MD Year	156	2,711	1,909	2,600	3,493
7th to 8th Post-MD Year	47	2,556	1,489	2,881	3,380

STIPENDS BY REGION AND OWNERSHIP (Tables 4 through 8)

Stipend data by hospital region (see **Figure 2**) and ownership are displayed in **Table 4** (means), **Table 5** (25th percentiles), **Table 6** (medians), and **Table 7** (75th percentiles). The five ownership groups are: state, municipal (county, city, and district hospitals), church, other non-profit, and Veterans Affairs. **Table 8** reports the number of COTH hospitals responding to the stipend question, by these same categories. Regions are displayed across the top of the tables with data for all four regions combined at the far right. Ownership groups are listed on the left of the tables starting with data for all ownership groups combined. The inclusion of aggregate data facilitates comparison by a specific region or ownership group alone. For example, a municipal hospital in the South can examine data for all municipal hospitals in the South, for all municipal hospitals, or for all hospitals in the South. Readers should note in Table 8 the small number of respondents in some region and ownership combinations--especially municipal hospitals in the Northeast and church owned hospitals in the West.

Figure 3 displays mean first post-MD year stipends for the four COTH regions: Northeast, South, Midwest, and West from 1981-82 to 1991-92. Regional stipend differentials largely reflect geographic cost of living differences.

Figure 2

Figure 3

Mean First Post-Md Year Stipends
By Region, 1981-1991
Nominal Figures

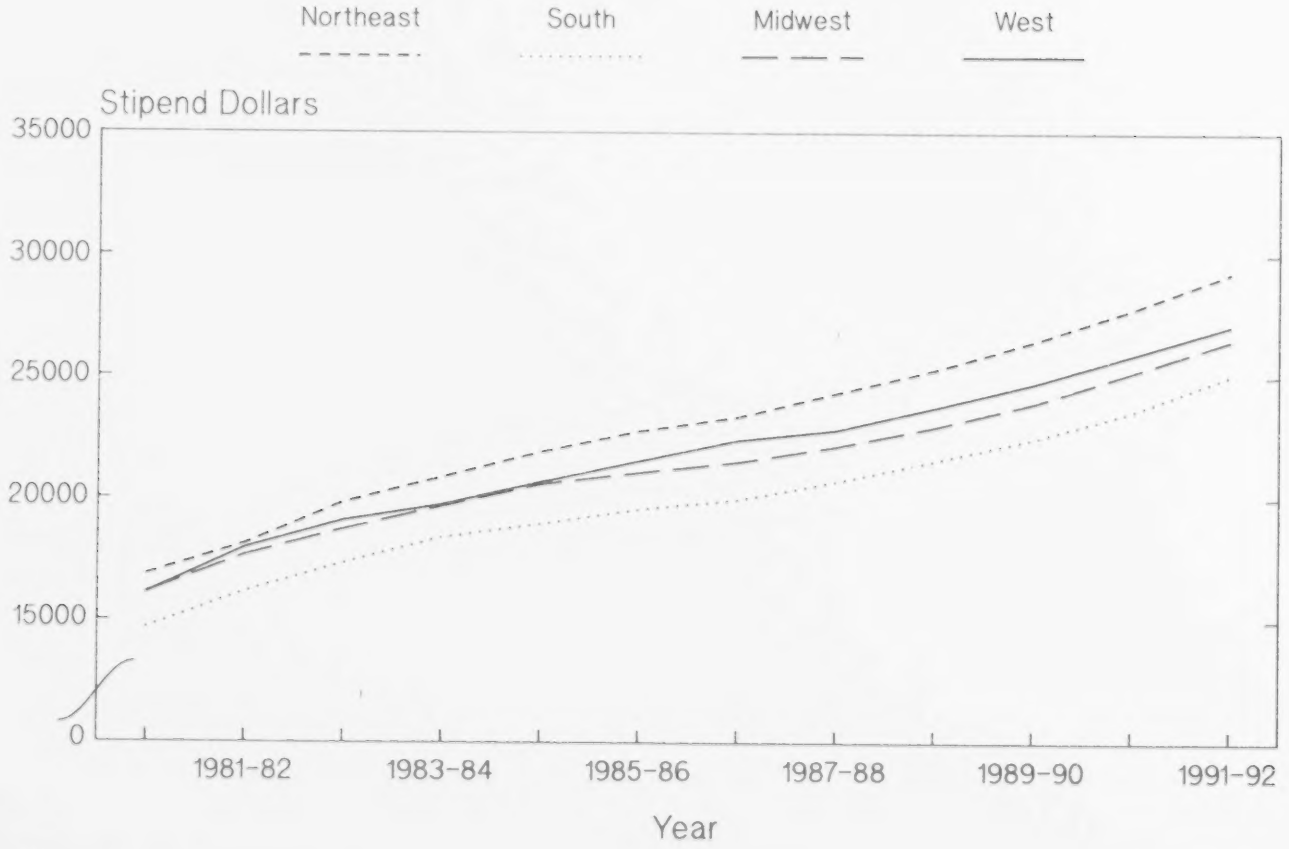


Table 4

Mean Housestaff Stipends by Region and Ownership 1991-92

OWNERSHIP	REGION				
All Hospitals	Northeast	South	Midwest	West	All
1st Post-MD Year	$29,285	$25,093	$26,497	$27,093	$27,211
2nd Post-MD Year	31,099	26,043	27,746	29,874	28,730
3rd Post-MD Year	32,792	27,199	28,962	31,987	30,191
4th Post-MD Year	34,608	28,367	30,256	34,144	31,749
5th Post-MD Year	36,020	29,569	31,441	36,028	33,098
6th Post-MD Year	37,893	30,614	32,648	37,827	34,521
State					
1st Post-MD Year	29,876	24,718	25,613	26,708	26,227
2nd Post-MD Year	31,825	25,393	26,972	28,930	27,605
3rd Post-MD Year	33,433	26,561	28,220	30,974	29,040
4th Post-MD Year	35,189	27,694	29,454	32,952	30,472
5th Post-MD Year	36,657	28,878	30,735	34,891	31,877
6th Post-MD Year	38,171	29,879	31,912	36,281	33,089
Municipal					
1st Post-MD Year	32,967	25,115	25,746	26,898	27,152
2nd Post-MD Year	35,531	26,516	26,988	31,199	29,366
3rd Post-MD Year	38,483	27,72[illegible]	28,266	33,461	31,153
4th Post-MD Year	39,893	29,015	29,873	35,863	32,805
5th Post-MD Year	41,378	30,325	30,914	37,938	34,504
6th Post-MD Year	42,562	31,703	32,291	40,233	36,071

Table 4 (continued)

Mean Housestaff Stipends
by Region and Ownership
1991-92

OWNERSHIP	REGION				
Church	Northeast	South	Midwest	West	All
1st Post-MD Year	$28,528	$25,781	$26,871	*	$27,082
2nd Post-MD Year	30,091	26,836	28,020	*	28,457
3rd Post-MD Year	32,028	27,825	29,248	*	29,881
4th Post-MD Year	33,461	28,889	30,526	*	31,215
5th Post-MD Year	34,926	30,131	31,795	*	32,577
6th Post-MD Year	36,758	30,511	33,010	*	33,970
Other Non-Profit					
1st Post-MD Year	28,849	25,200	26,646	26,729	27,547
2nd Post-MD Year	30,613	26,211	27,872	29,085	29,050
3rd Post-MD Year	32,198	27,372	29,077	31,039	30,474
4th Post-MD Year	34,119	28,597	30,350	32,999	32,166
5th Post-MD Year	35,459	29,807	31,479	34,794	33,450
6th Post-MD Year	37,333	30,956	32,683	36,655	35,011
Veterans Affairs					
1st Post-MD Year	30,839	24,959	26,793	27,994	27,122
2nd Post-MD Year	32,741	25,817	28,111	30,536	28,546
3rd Post-MD Year	34,477	27,002	29,293	32,833	29,987
4th Post-MD Year	36,107	28,138	30,551	35,058	31,400
5th Post-MD Year	37,694	29,300	31,768	37,113	32,781
6th Post-MD Year	39,431	30,495	33,014	39,164	34,123

** too few respondents to report data*

Table 5

25th Percentile Housestaff Stipends by Region and Ownership 1991-92

OWNERSHIP	REGION				
All Hospitals	Northeast	South	Midwest	West	All
1st Post-MD Year	$27,296	$23,800	$25,534	$25,149	$25,534
2nd Post-MD Year	28,880	25,000	26,842	27,000	26,700
3rd Post-MD Year	30,325	26,186	28,018	28,950	27,800
4th Post-MD Year	31,700	27,185	29,283	30,501	29,000
5th Post-MD Year	33,250	28,247	30,408	32,300	30,198
6th Post-MD Year	35,000	29,795	31,425	33,991	31,329
State					
1st Post-MD Year	26,200	23,416	25,044	24,950	24,120
2nd Post-MD Year	27,650	24,325	26,225	26,735	25,500
3rd Post-MD Year	29,200	25,400	27,050	28,330	26,536
4th Post-MD Year	31,000	26,436	28,000	29,817	27,705
5th Post-MD Year	32,450	27,850	29,000	31,325	29,195
6th Post-MD Year	33,950	28,000	30,000	32,885	30,144
Municipal					
1st Post-MD Year	31,754	23,818	25,193	26,199	25,238
2nd Post-MD Year	34,430	25,144	26,113	30,241	26,225
3rd Post-MD Year	37,513	26,338	27,025	31,824	27,050
4th Post-MD Year	38,616	27,719	28,642	33,756	28,900
5th Post-MD Year	39,779	29,098	29,000	35,178	30,100
6th Post-MD Year	40,826	30,439	30,000	37,007	30,585

Table 5 (continued)

25th Percentile Housestaff Stipends by Region and Ownership 1991-92

OWNERSHIP	REGION				
Church	Northeast	South	Midwest	West	All
1st Post-MD Year	$26,100	$25,188	$26,000	*	$26,000
2nd Post-MD Year	26,809	26,138	27,000	*	26,800
3rd Post-MD Year	28,800	27,039	28,000	*	27,800
4th Post-MD Year	30,156	27,756	29,040	*	29,000
5th Post-MD Year	31,521	29,348	30,457	*	30,099
6th Post-MD Year	32,635	30,500	31,461	*	30,800
Other Non-Profit					
1st Post-MD Year	27,300	23,800	26,077	25,700	26,039
2nd Post-MD Year	28,993	25,000	27,373	27,864	27,373
3rd Post-MD Year	30,576	26,292	28,383	29,424	28,383
4th Post-MD Year	32,045	27,141	29,500	31,008	29,600
5th Post-MD Year	33,395	28,101	30,512	32,580	30,885
6th Post-MD Year	35,125	29,543	31,557	34,164	32,028
Veterans Affairs					
1st Post-MD Year	28,289	23,800	25,511	24,120	25,032
2nd Post-MD Year	29,405	24,996	26,813	26,532	26,170
3rd Post-MD Year	30,787	26,127	28,201	28,020	27,248
4th Post-MD Year	32,063	27,170	29,417	29,532	28,570
5th Post-MD Year	33,482	28,236	30,562	31,032	29,756
6th Post-MD Year	35,122	29,800	31,443	32,532	30,782

** too few respondents to report data*

Table 6

Median (50th Percentile) Housestaff Stipends by Region and Ownership 1991-92

OWNERSHIP	REGION				
All Hospitals	Northeast	South	Midwest	West	All
1st Post-MD Year	$28,610	$24,981	$26,250	$26,268	$27,000
2nd Post-MD Year	30,400	25,750	27,742	29,621	28,074
3rd Post-MD Year	31,800	26,959	28,903	31,512	29,424
4th Post-MD Year	33,818	28,114	30,118	33,700	30,763
5th Post-MD Year	35,395	29,344	31,283	34,737	32,246
6th Post-MD Year	37,472	30,528	32,180	36,700	33,742
State					
1st Post-MD Year	30,010	23,980	25,386	26,322	25,400
2nd Post-MD Year	32,329	25,202	26,784	27,770	26,784
3rd Post-MD Year	33,853	26,536	28,401	29,187	28,059
4th Post-MD Year	35,629	27,705	29,565	30,704	29,434
5th Post-MD Year	36,937	29,195	30,962	32,440	30,833
6th Post-MD Year	38,474	30,193	31,660	34,182	31,693
Municipal					
1st Post-MD Year	32,091	24,925	25,511	26,382	26,199
2nd Post-MD Year	34,845	26,206	26,745	32,004	28,086
3rd Post-MD Year	37,569	27,307	27,988	34,499	29,452
4th Post-MD Year	39,027	28,507	30,015	37,207	30,763
5th Post-MD Year	40,557	29,722	31,230	39,279	32,580
6th Post-MD Year	40,975	30,585	32,523	43,168	34,186

Table 6 (continued)

Median (50th Percentile) Housestaff Stipends by Region and Ownership 1991-92

OWNERSHIP	REGION				
Church	Northeast	South	Midwest	West	All
1st Post-MD Year	$27,050	$26,100	$27,316	*	$26,750
2nd Post-MD Year	28,550	27,027	28,250	*	28,087
3rd Post-MD Year	30,050	27,650	29,500	*	29,308
4th Post-MD Year	31,700	28,600	30,486	*	30,601
5th Post-MD Year	33,592	29,564	31,783	*	31,940
6th Post-MD Year	35,900	30,543	32,907	*	32,886
Other Non-Profit					
1st Post-MD Year	28,350	24,900	26,603	26,134	27,343
2nd Post-MD Year	30,150	25,899	27,768	28,850	28,829
3rd Post-MD Year	31,730	27,073	28,912	31,100	30,321
4th Post-MD Year	33,694	28,232	30,150	33,500	31,762
5th Post-MD Year	34,950	29,344	31,242	34,617	33,245
6th Post-MD Year	36,679	30,500	32,113	36,467	34,724
Veterans Affairs					
1st Post-MD Year	31,846	25,179	26,014	25,694	26,165
2nd Post-MD Year	33,477	25,760	27,729	27,391	27,378
3rd Post-MD Year	35,166	26,990	28,820	29,161	28,815
4th Post-MD Year	37,312	28,240	30,116	31,574	30,111
5th Post-MD Year	39,464	29,480	31,390	33,529	31,205
6th Post-MD Year	41,016	30,782	32,937	37,896	32,532

** too few respondents to report data*

Table 7

75th Percentile Housestaff Stipends by Region and Ownership 1991-92

OWNERSHIP	REGION				
All Hospitals	Northeast	South	Midwest	West	All
1st Post-MD Year	$31,510	$26,200	$27,360	$28,726	$28,363
2nd Post-MD Year	33,688	27,153	28,592	32,300	30,212
3rd Post-MD Year	35,910	28,100	29,730	35,061	31,761
4th Post-MD Year	37,997	29,300	31,255	37,782	33,700
5th Post-MD Year	39,209	30,510	32,350	40,430	35,100
6th Post-MD Year	41,056	31,693	33,955	41,800	37,147
State					
1st Post-MD Year	33,154	25,725	26,048	29,000	28,000
2nd Post-MD Year	36,086	26,306	27,742	32,300	28,290
3rd Post-MD Year	38,162	27,530	28,930	35,200	29,500
4th Post-MD Year	40,239	28,869	30,263	38,000	31,008
5th Post-MD Year	42,315	30,169	31,910	40,500	32,578
6th Post-MD Year	44,390	31,510	33,143	41,400	34,164
Municipal					
1st Post-MD Year	33,708	25,860	26,514	27,532	28,087
2nd Post-MD Year	35,267	27,327	28,152	32,358	32,358
3rd Post-MD Year	37,569	28,427	29,504	35,061	35,061
4th Post-MD Year	39,649	29,527	30,755	37,782	37,782
5th Post-MD Year	41,842	30,627	32,081	40,430	39,779
6th Post-MD Year	44,035	31,700	34,186	43,169	40,975

Table 7 (continued)

75th Percentile Housestaff Stipends
by Region and Ownership
1991-92

OWNERSHIP	REGION				
Church	Northeast	South	Midwest	West	All
1st Post-MD Year	$30,240	$26,532	$27,713	*	$27,720
2nd Post-MD Year	31,710	27,542	28,743	*	29,135
3rd Post-MD Year	33,285	28,691	30,143	*	30,561
4th Post-MD Year	35,595	29,901	31,500	*	32,160
5th Post-MD Year	37,905	31,090	33,300	*	33,694
6th Post-MD Year	41,057	30,604	33,993	*	35,607
Other Non-Profit					
1st Post-MD Year	30,100	26,000	27,360	28,559	28,702
2nd Post-MD Year	31,904	26,900	28,626	30,300	30,368
3rd Post-MD Year	33,433	27,825	29,995	31,900	31,854
4th Post-MD Year	35,700	29,150	31,489	33,700	33,825
5th Post-MD Year	37,000	30,510	32,400	35,900	35,537
6th Post-MD Year	39,500	31,715	34,234	38,000	37,472
Veterans Affairs					
1st Post-MD Year	32,966	27,040	27,460	31,562	28,523
2nd Post-MD Year	35,695	27,240	28,582	34,862	29,998
3rd Post-MD Year	37,999	28,427	29,705	37,762	31,568
4th Post-MD Year	39,864	29,598	31,343	40,562	33,242
5th Post-MD Year	41,079	30,833	32,277	43,062	34,647
6th Post-MD Year	42,822	31,700	33,859	44,362	36,378

* *too few respondents to report data*

Table 8

Number of Respondents to Stipend Question by Region and Ownership 1991-92

OWNERSHIP	REGION				
All Hospitals	Northeast	South	Midwest	West	All
1st Post-MD Year	112	78	89	30	309
2nd Post-MD Year	111	78	89	30	308
3rd Post-MD Year	111	78	89	30	308
4th Post-MD Year	111	76	87	29	303
5th Post-MD Year	107	75	82	30	294
6th Post-MD Year	94	68	75	27	264
State					
1st Post-MD Year	7	15	11	8	41
2nd Post-MD Year	7	15	11	8	41
3rd Post-MD Year	7	15	11	8	41
4th Post-MD Year	7	15	11	8	41
5th Post-MD Year	7	15	11	8	41
6th Post-MD Year	7	15	11	8	41
Municipal					
1st Post-MD Year	5	8	8	6	27
2nd Post-MD Year	5	8	8	6	27
3rd Post-MD Year	5	8	8	6	27
4th Post-MD Year	5	8	8	6	27
5th Post-MD Year	5	8	6	6	25
6th Post-MD Year	5	7	6	5	23

Table 8 (continued)

Number of Respondents to Stipend Question
by Region and Ownership
1991-92

OWNERSHIP	REGION				
Church	Northeast	South	Midwest	West	All
1st Post-MD Year	9	8	13	3	33
2nd Post-MD Year	9	8	13	3	33
3rd Post-MD Year	9	8	13	3	33
4th Post-MD Year	9	8	13	3	33
5th Post-MD Year	9	8	12	3	32
6th Post-MD Year	8	6	9	2	25
Other Non-Profit					
1st Post-MD Year	79	26	41	6	152
2nd Post-MD Year	78	26	41	6	151
3rd Post-MD Year	78	26	41	6	151
4th Post-MD Year	78	24	39	5	146
5th Post-MD Year	74	23	37	6	140
6th Post-MD Year	62	19	33	6	120
Veterans Affairs					
1st Post-MD Year	12	21	16	7	56
2nd Post-MD Year	12	21	16	7	56
3rd Post-MD Year	12	21	16	7	56
4th Post-MD Year	12	21	16	7	56
5th Post-MD Year	12	21	16	7	56
6th Post-MD Year	12	21	16	6	55

STIPENDS BY CITY (Table 9)

Mean first post-MD year 1991-92 stipend data for 35 cities (Metropolitan Statistical Areas) with three or more responding COTH members are displayed in **Table 9**. The table displays each city's mean stipend, the nationwide mean, and index values comparing each city's stipends with the nationwide mean. The index value of 1.22 for Long Island, for example, shows that stipends in Long Island are 22 percent higher than the nationwide mean. Long Island had the highest mean first year stipend at $33,214.

Table 9

Mean First Year Housestaff Stipends
by City
1991-92

CITY	N	Stipend	Index Value
Long Island	5	$33,214	1.22
New York	19	32,346	1.19
Boston	11	30,659	1.13
Ann Arbor	3	30,153	1.11
San Francisco	4	28,890	1.06
Phoenix	3	28,706	1.05
Worcester, MA	3	28,667	1.05
Pittsburgh	8	28,584	1.05
Los Angeles	6	28,414	1.04
New Orleans	4	28,266	1.04
Detroit	7	28,220	1.04
Philadelphia	11	28,200	1.04
Dayton, OH	4	27,658	1.02
Washington, DC	6	27,630	1.02
St. Louis	6	27,599	1.01
Nationwide	**309**	**27,211**	**1.00**
Providence, RI	4	26,989	0.99
Cleveland	6	26,950	0.99
Akron-Canton-Youngstown	4	26,786	0.98
Hartford, CT	4	26,519	0.97
Columbus, OH	4	26,392	0.97
Atlanta	4	26,071	0.96
Birmingham, AL	3	26,008	0.96
Memphis	3	25,972	0.95
Seattle	4	25,956	0.95
Baltimore	5	25,804	0.95
Milwaukee	6	25,792	0.95
Chicago	16	25,761	0.95
Minneapolis	4	25,597	0.94
Indianapolis	3	25,400	0.93
Kansas City	3	25,175	0.93
Omaha	3	25,029	0.92
Houston	6	24,744	0.91
Dallas	6	24,226	0.89
Miami	3	23,900	0.88
Little Rock	3	23,800	0.87
All Other Cities	*115*	*26,396*	*0.97*

STIPEND REGRESSION RESULTS (Table 10)

Table 10 exhibits the results of ordinary least squares multivariate regression analyses, regressing first post-MD year stipends on hospital region, ownership, affiliation, and bedsize. The format chosen to display data in Tables 4-7 reflects the results of these analyses. Geographic region is the single most important determinant of variation in stipends, followed by ownership. Affiliation and bedsize explained little variation in stipends and therefore are not reported in Table 10. The base salary of $29,160 is the average estimated 1st post-MD year stipend in Northeastern hospitals with other non-profit ownership. The figures listed next to each characteristic represent the amount which must be added to or subtracted from the base in order to calculate stipends associated with different regional locations or ownership groups. Example (1) in Table 10 shows that a Southern Veterans Administration (VA) hospital would need to subtract $4,337 from the base for being in the South (and not in the Northeast) and add $708 to the base for being a VA hospital (and not an other non-profit hospital).

Table 10

Regression Analysis
First Year Housestaff Stipend Differentials
1991-92

Base Salary (mean): $29,160 *(Housestaff in Northeast, Other Non-Profit)*

Differentials Associated with:

REGION		OWNERSHIP	
If Northeast	$ 0	If Other Non-Profit	$ 0
If South	- $ 4,337	If State	- $ 110
If Midwest	- $ 2,884	If Municipal	+ $ 658
If West	- $ 2,367	If Church	+ $ 325
		If Veterans Affairs	+ $ 708

Examples

1) Housestaff in Southern, Veterans Affairs Hospital:

$29,160	-	$4,337	+	$708	=	$25,531
(Base)		(South)		(VA)		

2) Housestaff in Midwestern, Municipal Hospital:

$29,160	-	$2,884	+	658	=	$26,934
(Base)		(Midwest)		(Municipal)		

NOTE: **Regression analyses have shown that hospitals medical school affiliation and bedsize are not significantly related to stipend variation. Therefore, tables with these values are not presented.**

DISTRIBUTION OF HOUSESTAFF BY SPECIALTY IN NONFEDERAL HOSPITALS (Table 11)

Table 11 is based on data collected in the COTH Survey of Hospitals' Financial and Operating Data. In order to avoid duplicating data collection efforts, the COTH housestaff survey asks only VA hospitals for resident count information (see **Table 12**). Academic medical center hospitals had an average of 311 housestaff, considerably more than other nonfederal respondents, which had a mean of 135 housestaff, and VA hospitals, which had a mean of 104 housestaff. In nonfederal hospitals internal medicine and subspecialties had the greatest number of housestaff (28.6 percent), followed by surgery (10 percent), and pediatrics (8.9 percent).

Table 11

Distribution of Housestaff by Specialty Training Program in Responding Nonfederal COTH-member Hospitals* 1991-92

Training Program	Hospitals with Program	Mean Housestaff per Hospital	Total Housestaff Number	Percent
Allergy/Immunology	38	3.1	116	0.2%
Anesthesiology	147	24.5	3,596	7.7
Colon and Rectal Surgery	11	1.7	19	0.0
Dentistry/Oral Surgery	100	6.3	627	1.3
Dermatology	102	5.3	544	1.2
Emergency Medicine	65	14.2	923	2.0
Family Practice	104	17.4	1,805	3.9
Internal Medicine	196	68.3	13,384	28.6
Neurological Surgery	108	5.0	540	1.2
Neurology	123	7.7	950	2.0
Nuclear Medicine	47	2.1	97	0.2
Obstetrics/Gynecology	178	15.5	2,751	5.9
Ophthalmology	124	7.5	926	2.0
Orthopaedic Surgery	153	9.9	1,509	3.2
Otolaryngology	111	5.7	628	1.3
Patholgoy	157	11.3	1,768	3.8
Pediatrics	151	27.5	4,148	8.9
Physical Medicine, Rehabilition	72	5.6	406	0.9
Plastic Surgery	99	2.5	251	0.5
Podiatry	10	2.7	27	0.1
Preventive Medicine/Public Health	15	3.5	53	0.1
Psychiatry	150	18.1	2,712	5.8
Radiation Oncology	67	5.4	364	0.8
Radiology	156	16.5	2,572	5.5
Surgery	191	24.4	4,657	10.0
Thoracic Surgery	72	2.7	196	0.4
Urology	128	4.3	549	1.2
Other	87	7.4	641	1.4
All Respondents	199	235.0	46,759	100.0%
Academic Medical Centers	113	311.4	35,185	75.2
Other Respondents	86	134.6	11,574	24.8

** Data for this table were taken from the COTH Survey of Hospitals' Financial and Operating Data, 1990*

DISTRIBUTION OF HOUSESTAFF BY SPECIALTY IN VA HOSPITALS (Table 12)

Table 12 shows the number of housestaff, residents and fellows, by specialty in responding VA hospitals. COTH VA hospitals had an average of 104 housestaff members with internal medicine and surgery being the most highly represented specialties. Forty-three percent of the housestaff reported were in internal medicine and subspecialties, 10 percent in surgery, and 8 percent in psychiatry. Veterans Affairs hospitals do not have programs in pediatrics, obstetrics/gynecology, or preventive medicine/public health. For data on the distribution of housestaff in nonfederal hospitals see Table 11.

Table 12

Distribution of Housestaff by Specialty Training Program in Responding VA COTH-member Hospitals 1990-91

Training Program	Hospitals with Program	Mean Housestaff per Hospital	Total Housestaff Number	Percent
Allergy/Immunology	11	1.3	15	0.3%
Anesthesiology	40	5.1	203	3.7
Colon and Rectal Surgery	2	2.0	4	0.1
Dentistry/Oral Surgery	32	4.3	137	2.5
Dermatology	40	2.5	100	1.8
Geriatrics	19	6.0	114	2.1
Internal Medicine	53	44.8	2,373	43.2
Neurological Surgery	33	1.6	53	1.0
Neurology	47	4.5	211	3.8
Nuclear Medicine	24	1.6	38	0.7
Ophthalmology	49	3.0	146	2.7
Orthopaedic Surgery	49	3.3	163	3.0
Otolaryngology	44	2.8	123	2.2
Pathology	47	4.0	190	3.5
Physical Medicine, Rehabilition	25	4.4	111	2.0
Plastic Surgery	26	1.3	33	0.6
Podiatry	12	2.4	29	0.5
Psychiatry	50	9.1	456	8.3
Radiation Oncology	10	1.6	16	0.3
Radiology	44	5.5	242	4.4
Surgery	52	10.2	528	9.6
Thoracic Surgery	28	1.2	33	0.6
Urology	48	2.6	125	2.3
Other	12	4.5	54	1.0
All Respondents	53	103.7	5,497	100.0

CHAPTER II

HOUSESTAFF BENEFITS AND POLICIES

HOUSESTAFF BENEFITS

In most cases, tables in Chapter II report benefit data by hospital region and ownership. Readers should keep in mind that the number of respondents is very low for some groups of hospitals (Table 8). Occasionally, a hospital will indicate that a given benefit is provided, although an entity other than the hospital is coordinating the housestaff benefit package. Conversely, a hospital may have indicated "not provided" when housestaff receive a given benefit from another source. For example, benefit levels at VA hospitals primarily reflect the nature of the affiliation arrangements with other institutions. In cases where the VA hospital independently sponsors a training program, the hospital will set both the stipend and benefits levels often based on a survey of area hospitals. In other cases the VA hospital may have a disbursement agreement, whereby the stipends and/or the benefit levels are determined by the affiliated institution; the VA hospital then makes payments directly to the sponsoring institution for an agreed upon share of the cost. Thus, housestaff benefits at VA institutions do not reflect the standard federal employee benefits package.

HEALTH BENEFITS (Tables 13 through 18)

COTH members were surveyed regarding coverage provided to housestaff in the following areas: group medical insurance, vision benefits, prescription drug benefits, psychiatric counseling/psychological support, group dental insurance, employee assistance programs, and hospital employee health service programs. Sixty-two percent of respondents include vision benefits as part of group medical coverage; 71 percent include prescription drugs; and 80 percent include psychiatric counseling/psychological support (data not shown). Hospitals indicated that they either i) fully paid premiums for housestaff, ii) shared the premium cost with housestaff, iii) provided the benefit but did not pay the premium, or iv) did not provide the benefit. Prescription drugs offered at a discount to employees were treated as "cost-shared". Tables show the percentage of hospitals providing benefits at these coverage levels. Data are presented for individual employee and family coverage.

Group medical coverage for housestaff and dependents is fully paid by 44 percent of responding hospitals. An additional 20 percent of COTH members defray this cost in full for housestaff only. Group medical coverage is provided relatively evenly across regions. However, differences exist depending on hospital ownership type; thus, municipal hospitals in the Northeast are more likely to fully pay coverage than municipal hospitals in the West. Overall, municipal hospitals are the most likely (58 percent) and state hospitals are the least likely (30 percent) nonfederal hospitals to fully pay health insurance for housestaff and their dependents. Premium sharing is most common in state-owned hospitals, particularly for family coverage. Overall, only two percent of hospitals did not pay or did not provide health insurance to housestaff, and an additional six percent provided but did not pay for family coverage.

Sixty-one percent of respondents offer a choice of health insurance plans, generally between two and five options (data not shown). Many respondents noted that the kinds of health benefits provided depends in part on the health plan chosen by the resident.

Table 13

Housestaff Health Benefits by Region
All Hospitals
1991-92

ALL HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Medical Insurance						
Individual	Provided, Fully Paid	67%	63%	59%	65%	64%
	Provided, Cost Shared	32	32	40	35	34
	Provided, Not Paid	0	4	0	0	1
	Not Provided	1	1	1	0	1
Family	Provided, Fully Paid	52	31	43	52	44
	Provided, Cost Shared	46	45	53	42	47
	Provided, Not Paid	1	23	2	6	7
	Not Provided	2	1	1	0	1
Vision Benefits						
Individual	Provided, Fully Paid	34	16	20	67	29
	Provided, Cost Shared	19	16	20	11	18
	Provided, Not Paid	4	6	4	7	5
	Not Provided	43	62	56	15	49
Family	Provided, Fully Paid	26	12	16	54	23
	Provided, Cost Shared	29	15	27	19	24
	Provided, Not Paid	5	13	3	15	7
	Not Provided	40	60	54	12	46
Prescription Drug Benefits						
Individual	Provided, Fully Paid	61	51	50	76	57
	Provided, Cost Shared	33	30	42	17	33
	Provided, Not Paid	3	9	0	7	4
	Not Provided	3	10	8	0	6
Family	Provided, Fully Paid	45	37	41	66	44
	Provided, Cost Shared	49	34	52	21	43
	Provided, Not Paid	4	20	0	14	7
	Not Provided	3	9	7	0	5
Psychiatric Counseling/Psychological Support						
Individual	Provided, Fully Paid	64	59	54	72	61
	Provided, Cost Shared	36	33	45	24	36
	Provided, Not Paid	0	4	0	3	1
	Not Provided	1	4	1	0	2
Family	Provided, Fully Paid	47	33	43	60	44
	Provided, Cost Shared	50	42	54	27	47
	Provided, Not Paid	3	20	0	13	7
	Not Provided	1	5	3	0	2

Table 13 (continued)

Housestaff Health Benefits by Region
All Hospitals
1991-92

ALL HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Dental Insurance						
Individual	Provided, Fully Paid	60%	31%	48%	69%	50%
	Provided, Cost Shared	30	21	28	28	27
	Provided, Not Paid	5	19	15	3	11
	Not Provided	6	29	9	0	12
Family	Provided, Fully Paid	42	6	41	52	34
	Provided, Cost Shared	47	25	33	38	36
	Provided, Not Paid	8	38	16	10	18
	Not Provided	3	32	10	0	12
Employee Assistance Program						
Individual	Provided, Fully Paid	71	54	61	54	63
	Provided, Cost Shared	2	7	10	8	6
	Provided, Not Paid	5	6	2	0	4
	Not Provided	22	33	27	38	28
Family	Provided, Fully Paid	53	34	41	35	43
	Provided, Cost Shared	8	7	9	9	8
	Provided, Not Paid	6	11	4	4	6
	Not Provided	33	48	47	52	43
Hospital Employee Health Service Program						
Individual	Provided, Fully Paid	89	73	72	78	79
	Provided, Cost Shared	1	10	6	0	4
	Provided, Not Paid	1	3	1	7	2
	Not Provided	9	14	20	15	14
Family	Provided, Fully Paid	29	15	19	24	22
	Provided, Cost Shared	3	10	3	8	5
	Provided, Not Paid	10	12	6	16	10
	Not Provided	58	63	72	52	63

Table 14

Housestaff Health Benefits by Region
State Hospitals
1991-92

STATE HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Medical Insurance						
Individual	Provided, Fully Paid	43%	50%	64%	63%	55%
	Provided, Cost Shared	57	43	36	38	43
	Provided, Not Paid	0	0	0	0	0
	Not Provided	0	7	0	0	3
Family	Provided, Fully Paid	29	13	30	63	30
	Provided, Cost Shared	71	47	60	38	53
	Provided, Not Paid	0	33	10	0	15
	Not Provided	0	7	0	0	3
Vision Benefits						
Individual	Provided, Fully Paid	43	8	36	57	32
	Provided, Cost Shared	43	8	9	14	16
	Provided, Not Paid	14	8	0	0	5
	Not Provided	0	77	55	29	47
Family	Provided, Fully Paid	29	0	20	67	23
	Provided, Cost Shared	57	8	20	17	23
	Provided, Not Paid	14	17	0	0	9
	Not Provided	0	75	60	17	46
Prescription Drug Benefits						
Individual	Provided, Fully Paid	29	54	73	75	59
	Provided, Cost Shared	43	31	27	25	31
	Provided, Not Paid	29	0	0	0	5
	Not Provided	0	15	0	0	5
Family	Provided, Fully Paid	14	25	50	75	41
	Provided, Cost Shared	57	42	50	25	43
	Provided, Not Paid	29	17	0	0	11
	Not Provided	0	17	0	0	5
Psychiatric Counseling/Psychological Support						
Individual	Provided, Fully Paid	43	62	70	75	63
	Provided, Cost Shared	57	38	30	25	37
	Provided, Not Paid	0	0	0	0	0
	Not Provided	0	0	0	0	0
Family	Provided, Fully Paid	14	25	44	75	39
	Provided, Cost Shared	71	42	56	25	47
	Provided, Not Paid	14	25	0	0	11
	Not Provided	0	8	0	0	3

Table 14 (continued)

Housestaff Health Benefits by Region
State Hospitals
1991-92

STATE HOSPITALS			REGION Northeast	South	Midwest	West	All
Group Dental Insurance							
	Individual	Provided, Fully Paid	43%	29%	36%	63%	40%
		Provided, Cost Shared	43	14	27	38	28
		Provided, Not Paid	14	29	9	0	15
		Not Provided	0	29	27	0	18
	Family	Provided, Fully Paid	29	0	27	63	25
		Provided, Cost Shared	57	14	36	38	33
		Provided, Not Paid	14	50	9	0	23
		Not Provided	0	36	27	0	20
Employee Assistance Program							
	Individual	Provided, Fully Paid	86	38	56	33	51
		Provided, Cost Shared	0	0	11	17	6
		Provided, Not Paid	14	8	11	0	9
		Not Provided	0	54	22	50	34
	Family	Provided, Fully Paid	50	31	40	40	38
		Provided, Cost Shared	17	0	10	20	9
		Provided, Not Paid	17	8	10	0	9
		Not Provided	17	62	40	40	44
Hospital Employee Health Service Program							
	Individual	Provided, Fully Paid	57	79	70	86	74
		Provided, Cost Shared	0	14	0	0	5
		Provided, Not Paid	14	0	10	14	8
		Not Provided	29	7	20	0	13
	Family	Provided, Fully Paid	0	31	25	43	27
		Provided, Cost Shared	0	8	0	14	6
		Provided, Not Paid	40	8	13	14	15
		Not Provided	60	54	63	29	52

Table 15

Housestaff Health Benefits by Region
Municipal Hospitals
1991-92

MUNICIPAL HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Medical Insurance						
Individual	Provided, Fully Paid	100%	75%	71%	67%	76%
	Provided, Cost Shared	0	25	29	33	24
	Provided, Not Paid	0	0	0	0	0
	Not Provided	0	0	0	0	0
Family	Provided, Fully Paid	75	63	50	50	58
	Provided, Cost Shared	25	25	50	33	35
	Provided, Not Paid	0	13	0	17	8
	Not Provided	0	0	0	0	0
Vision Benefits						
Individual	Provided, Fully Paid	100	25	43	67	50
	Provided, Cost Shared	0	0	0	17	4
	Provided, Not Paid	0	0	0	0	0
	Not Provided	0	75	57	17	46
Family	Provided, Fully Paid	67	29	25	50	38
	Provided, Cost Shared	33	0	25	17	17
	Provided, Not Paid	0	0	0	17	4
	Not Provided	0	71	50	17	42
Prescription Drug Benefits						
Individual	Provided, Fully Paid	75	86	29	67	63
	Provided, Cost Shared	25	14	57	17	29
	Provided, Not Paid	0	0	0	17	4
	Not Provided	0	0	14	0	4
Family	Provided, Fully Paid	50	71	25	50	48
	Provided, Cost Shared	50	14	63	17	36
	Provided, Not Paid	0	14	0	33	12
	Not Provided	0	0	13	0	4
Psychiatric Counseling/Psychological Support						
Individual	Provided, Fully Paid	80	71	29	50	56
	Provided, Cost Shared	20	29	71	33	40
	Provided, Not Paid	0	0	0	17	4
	Not Provided	0	0	0	0	0
Family	Provided, Fully Paid	75	83	25	33	50
	Provided, Cost Shared	25	17	63	33	38
	Provided, Not Paid	0	0	0	33	8
	Not Provided	0	0	13	0	4

Table 15 (continued)

Housestaff Health Benefits by Region
Municipal Hospitals
1991-92

MUNICIPAL HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Dental Insurance						
Individual	Provided, Fully Paid	100%	38%	25%	67%	48%
	Provided, Cost Shared	0	25	25	33	24
	Provided, Not Paid	0	13	25	0	12
	Not Provided	0	25	25	0	16
Family	Provided, Fully Paid	67	14	25	50	33
	Provided, Cost Shared	33	29	25	33	29
	Provided, Not Paid	0	29	25	17	21
	Not Provided	0	29	25	0	17
Employee Assistance Program						
Individual	Provided, Fully Paid	40	63	38	50	48
	Provided, Cost Shared	0	0	38	17	15
	Provided, Not Paid	20	0	0	0	4
	Not Provided	40	38	25	33	33
Family	Provided, Fully Paid	40	43	25	50	38
	Provided, Cost Shared	0	0	38	17	15
	Provided, Not Paid	0	0	13	0	4
	Not Provided	60	57	25	33	42
Hospital Employee Health Service Program						
Individual	Provided, Fully Paid	100	63	88	83	81
	Provided, Cost Shared	0	13	0	0	4
	Provided, Not Paid	0	0	0	17	4
	Not Provided	0	25	13	0	11
Family	Provided, Fully Paid	0	33	33	17	22
	Provided, Cost Shared	0	17	0	17	9
	Provided, Not Paid	0	17	17	33	17
	Not Provided	100	33	50	33	52

Table 16

Housestaff Health Benefits by Region
Church-Owned Hospitals
1991-92

CHURCH-OWNED HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Medical Insurance						
Individual	Provided, Fully Paid	80%	75%	54%	67%	68%
	Provided, Cost Shared	20	25	46	33	32
	Provided, Not Paid	0	0	0	0	0
	Not Provided	0	0	0	0	0
Family	Provided, Fully Paid	60	25	54	67	50
	Provided, Cost Shared	30	63	46	33	44
	Provided, Not Paid	10	13	0	0	6
	Not Provided	0	0	0	0	0
Vision Benefits						
Individual	Provided, Fully Paid	30	13	8	67	21
	Provided, Cost Shared	10	13	25	0	15
	Provided, Not Paid	0	13	8	33	9
	Not Provided	60	63	58	0	55
Family	Provided, Fully Paid	25	0	9	33	13
	Provided, Cost Shared	25	13	27	33	23
	Provided, Not Paid	0	25	9	33	13
	Not Provided	50	63	55	0	50
Prescription Drug Benefits						
Individual	Provided, Fully Paid	80	63	54	67	65
	Provided, Cost Shared	20	25	38	33	29
	Provided, Not Paid	0	13	0	0	3
	Not Provided	0	0	8	0	3
Family	Provided, Fully Paid	56	38	54	67	52
	Provided, Cost Shared	33	50	38	33	39
	Provided, Not Paid	11	13	0	0	6
	Not Provided	0	0	8	0	3
Psychiatric Counseling/Psychological Support						
Individual	Provided, Fully Paid	70	63	54	67	62
	Provided, Cost Shared	30	38	46	33	38
	Provided, Not Paid	0	0	0	0	0
	Not Provided	0	0	0	0	0
Family	Provided, Fully Paid	44	25	54	67	45
	Provided, Cost Shared	44	63	46	33	48
	Provided, Not Paid	11	13	0	0	6
	Not Provided	0	0	0	0	0

Table 16 (continued)

Housestaff Health Benefits by Region
Church-Owned Hospitals
1991-92

CHURCH-OWNED HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Dental Insurance						
Individual	Provided, Fully Paid	70%	25%	62%	67%	56%
	Provided, Cost Shared	20	25	31	0	24
	Provided, Not Paid	0	25	8	33	12
	Not Provided	10	25	0	0	9
Family	Provided, Fully Paid	67	13	62	33	48
	Provided, Cost Shared	22	25	31	33	27
	Provided, Not Paid	11	38	8	33	18
	Not Provided	0	25	0	0	6
Employee Assistance Program						
Individual	Provided, Fully Paid	80	63	85	100	79
	Provided, Cost Shared	0	0	0	0	0
	Provided, Not Paid	0	13	0	0	3
	Not Provided	20	25	15	0	18
Family	Provided, Fully Paid	57	50	67	67	60
	Provided, Cost Shared	0	0	0	0	0
	Provided, Not Paid	0	13	0	0	7
	Not Provided	29	38	33	33	33
Hospital Employee Health Service Program						
Individual	Provided, Fully Paid	89	75	85	67	82
	Provided, Cost Shared	0	13	15	0	9
	Provided, Not Paid	0	0	0	0	0
	Not Provided	11	13	0	33	9
Family	Provided, Fully Paid	0	13	10	67	16
	Provided, Cost Shared	0	25	20	0	16
	Provided, Not Paid	25	0	0	0	4
	Not Provided	75	63	70	33	64

Table 17

Housestaff Health Benefits by Region
Other Non-Profit Hospitals
1991-92

OTHER NON-PROFIT HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Medical Insurance						
Individual	Provided, Fully Paid	72%	65%	63%	86%	69%
	Provided, Cost Shared	28	23	37	14	29
	Provided, Not Paid	0	12	0	0	2
	Not Provided	0	0	0	0	0
Family	Provided, Fully Paid	57	27	46	57	49
	Provided, Cost Shared	43	42	51	29	44
	Provided, Not Paid	0	31	2	14	7
	Not Provided	0	0	0	0	0
Vision Benefits						
Individual	Provided, Fully Paid	35	20	17	83	29
	Provided, Cost Shared	15	16	22	0	17
	Provided, Not Paid	3	8	5	17	5
	Not Provided	47	56	56	0	49
Family	Provided, Fully Paid	27	13	16	67	23
	Provided, Cost Shared	24	17	27	0	23
	Provided, Not Paid	5	17	3	33	8
	Not Provided	44	52	54	0	46
Prescription Drug Benefits						
Individual	Provided, Fully Paid	68	44	50	86	60
	Provided, Cost Shared	29	32	40	0	31
	Provided, Not Paid	1	16	0	14	4
	Not Provided	1	8	10	0	5
Family	Provided, Fully Paid	51	30	41	71	46
	Provided, Cost Shared	47	30	51	0	43
	Provided, Not Paid	1	35	0	29	8
	Not Provided	1	4	8	0	3
Psychiatric Counseling/Psychological Support						
Individual	Provided, Fully Paid	71	64	60	100	68
	Provided, Cost Shared	29	24	40	0	30
	Provided, Not Paid	0	12	0	0	2
	Not Provided	0	0	0	0	0
Family	Provided, Fully Paid	53	32	45	71	48
	Provided, Cost Shared	45	40	55	0	45
	Provided, Not Paid	1	28	0	29	7
	Not Provided	0	0	0	0	0

Table 17 (continued)

Housestaff Health Benefits by Region
Other Non-Profit Hospitals
1991-92

OTHER NON-PROFIT HOSPITALS			REGION Northeast	South	Midwest	West	All
Group Dental Insurance							
	Individual	Provided, Fully Paid	66%	36%	56%	100%	59%
		Provided, Cost Shared	25	16	22	0	22
		Provided, Not Paid	5	16	20	0	11
		Not Provided	4	32	2	0	8
	Family	Provided, Fully Paid	44	0	44	67	37
		Provided, Cost Shared	45	25	29	17	36
		Provided, Not Paid	8	46	22	17	19
		Not Provided	3	29	5	0	8
Employee Assistance Program							
	Individual	Provided, Fully Paid	75	58	63	43	67
		Provided, Cost Shared	1	12	3	0	3
		Provided, Not Paid	1	4	3	0	2
		Not Provided	23	27	33	57	28
	Family	Provided, Fully Paid	57	30	41	0	46
		Provided, Cost Shared	9	15	3	0	8
		Provided, Not Paid	3	20	3	20	6
		Not Provided	31	35	54	80	40
Hospital Employee Health Service Program							
	Individual	Provided, Fully Paid	95	76	72	86	85
		Provided, Cost Shared	1	8	3	0	3
		Provided, Not Paid	0	8	0	0	1
		Not Provided	4	8	26	14	11
	Family	Provided, Fully Paid	42	12	23	0	29
		Provided, Cost Shared	4	6	0	0	3
		Provided, Not Paid	6	24	6	20	10
		Not Provided	48	59	71	80	58

Table 18

Housestaff Health Benefits by Region
Veterans Affairs Hospitals
1991-92

VA HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Medical Insurance						
Individual	Provided, Fully Paid	25%	59%	43%	43%	44%
	Provided, Cost Shared	67	41	50	57	52
	Provided, Not Paid	0	0	0	0	0
	Not Provided	8	0	7	0	4
Family	Provided, Fully Paid	17	41	29	29	30
	Provided, Cost Shared	67	47	64	71	60
	Provided, Not Paid	0	12	0	0	4
	Not Provided	17	0	7	0	6
Vision Benefits						
Individual	Provided, Fully Paid	8	13	15	60	18
	Provided, Cost Shared	42	33	31	20	33
	Provided, Not Paid	8	0	0	0	2
	Not Provided	42	53	54	20	47
Family	Provided, Fully Paid	8	20	15	40	18
	Provided, Cost Shared	42	30	31	40	35
	Provided, Not Paid	8	0	0	0	3
	Not Provided	42	50	54	20	45
Prescription Drug Benefits						
Individual	Provided, Fully Paid	17	41	38	80	38
	Provided, Cost Shared	67	35	54	20	47
	Provided, Not Paid	0	6	0	0	2
	Not Provided	17	18	8	0	13
Family	Provided, Fully Paid	17	40	31	60	33
	Provided, Cost Shared	67	33	62	40	51
	Provided, Not Paid	0	7	0	0	2
	Not Provided	17	20	8	0	13
Psychiatric Counseling/Psychological Support						
Individual	Provided, Fully Paid	10	41	38	67	37
	Provided, Cost Shared	80	41	54	33	52
	Provided, Not Paid	0	0	0	0	0
	Not Provided	10	18	8	0	11
Family	Provided, Fully Paid	10	23	36	50	28
	Provided, Cost Shared	80	46	55	50	57
	Provided, Not Paid	0	15	0	0	5
	Not Provided	10	15	9	0	10

Table 18 (continued)

Housestaff Health Benefits by Region
Veterans Affairs Hospitals
1991-92

VA HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Dental Insurance						
Individual	Provided, Fully Paid	9%	24%	31%	50%	26%
	Provided, Cost Shared	73	29	46	50	47
	Provided, Not Paid	0	18	8	0	9
	Not Provided	18	29	15	0	19
Family	Provided, Fully Paid	10	13	31	33	20
	Provided, Cost Shared	80	31	46	67	51
	Provided, Not Paid	0	19	8	0	9
	Not Provided	10	38	15	0	20
Employee Assistance Program						
Individual	Provided, Fully Paid	50	50	54	75	53
	Provided, Cost Shared	8	14	23	0	14
	Provided, Not Paid	17	7	0	0	7
	Not Provided	25	29	23	25	26
Family	Provided, Fully Paid	29	31	25	25	28
	Provided, Cost Shared	0	8	17	0	8
	Provided, Not Paid	14	8	0	0	6
	Not Provided	57	54	58	75	58
Hospital Employee Health Service Program						
Individual	Provided, Fully Paid	69	69	54	50	63
	Provided, Cost Shared	0	6	15	0	7
	Provided, Not Paid	0	0	0	0	0
	Not Provided	31	25	31	50	30
Family	Provided, Fully Paid	10	0	0	0	3
	Provided, Cost Shared	0	7	0	0	3
	Provided, Not Paid	10	7	0	0	5
	Not Provided	80	87	100	100	89

OTHER BENEFITS (Tables 19 through 24)

Other benefits surveyed besides health benefits include life insurance, disability insurance, housing, parking, and meals when working and when on call. For each benefit type the tables show the percent of responding hospitals that either fully paid, partially paid, provided but did not pay, or did not provide a given benefit. If housing, parking, or meals are offered at reduced rates, this was treated as a "partially paid" benefit. Hospitals of different ownership types are shown in each table by region. Overall, hospitals in the West are the least likely to defray the cost of life insurance, while hospitals in the Northeast are the most likely to do so. At the same time, hospitals in the South are least likely to offer disability insurance while hospitals in the Midwest are the most likely. Paid housing is not generally included in the housestaff benefit package. Approximately 90 percent of respondents either fully or partially pay for housestaff meals when on call, fewer pay for meals when housestaff are working (50 percent).

COTH members were asked if housestaff may purchase additional life insurance. Sixty-five percent of respondents indicated that this option is available (data not shown). Members also provided information on retirement plans offered to housestaff. Eighteen percent of respondents have defined benefit plans for housestaff and ten percent have defined contribution plans. Retirement plan contributions range from zero to fourteen percent for the employer and zero to twenty percent for the employee. Vesting ranges from one to ten years.

See also Appendix II: Evans, A. "Trends in Housestaff Benefits", COTH Report, May/June 1991.

VACATION LEAVE (Tables 25 and 26)

Tables 25 and **26** report data on the amount of annual vacation leave that first and second year housestaff receive. Responses were grouped as: two weeks or less, between two and four weeks, and four weeks or more. Among all respondents, 48 percent of first year housestaff and 63 percent of second year housestaff receive between two and four weeks vacation. The mean values are 2.88 weeks for first year housestaff and 3.22 weeks for second year housestaff (data not shown). A small number of respondents indicated that the amount of vacation time is determined by the department or program.

SEMINAR TIME (Table 27)

Hospitals also indicated the number of days that first and second year housestaff may spend at off-site educational seminars. In 91 percent of the cases, time off to attend seminars is granted in addition to regular vacation leave (data not shown). The results for seminar time are categorized in **Table 27** as: less than five days, five days, and more than five days. For 27 percent of respondents, the amount of seminar leave is determined by the departments or programs. Hospitals were asked if they contribute a per-diem stipend or cover the registration costs for seminars. Most hospitals providing such funds reported a fixed annual budget. (Fourteen percent reported that funds are determined by the department or program). The most prevalent responses were $500 and $1000 with a mean contribution of $718. Senior housestaff are more likely to attend seminars, therefore hospital contributions may increase with post-MD year.

Table 19

Other Housestaff Benefits by Region
All Hospitals
1991-92

	REGION				
ALL HOSPITALS	Northeast	South	Midwest	West	All
Life Insurance					
Provided, Fully Paid	81%	78%	82%	61%	78%
Provided, Cost Shared	8	10	6	4	7
Provided, Not Paid	2	8	2	11	4
Not Provided	10	4	10	25	10
Disability Insurance					
Provided, Fully Paid	71	54	72	61	66
Provided, Cost Shared	6	6	3	7	5
Provided, Not Paid	4	12	8	7	7
Not Provided	20	28	18	25	22
Housing					
Provided, Fully Paid	2	1	2	0	2
Provided, Cost Shared	19	5	9	3	11
Provided, Not Paid	19	12	10	23	15
Not Provided	59	81	78	73	71
Parking					
Provided, Fully Paid	58	79	66	52	65
Provided, Cost Shared	18	11	16	0	14
Provided, Not Paid	18	7	16	32	16
Not Provided	6	4	1	16	5
Meals, When Working					
Provided, Fully Paid	25	19	25	44	25
Provided, Cost Shared	26	19	31	20	25
Provided, Not Paid	20	19	12	4	16
Not Provided	30	43	32	32	34
Meals, When on Call					
Provided, Fully Paid	73	75	82	79	77
Provided, Cost Shared	15	13	12	10	13
Provided, Not Paid	4	4	2	3	3
Not Provided	8	8	4	7	7

Table 20

Other Housestaff Benefits by Region
State Hospitals
1991-92

	REGION				
STATE HOSPITALS	Northeast	South	Midwest	West	All
Life Insurance					
Provided, Fully Paid	43%	67%	64%	83%	64%
Provided, Cost Shared	0	13	9	0	8
Provided, Not Paid	14	13	0	17	10
Not Provided	43	7	27	0	18
Disability Insurance					
Provided, Fully Paid	43	50	60	71	55
Provided, Cost Shared	0	0	0	0	0
Provided, Not Paid	14	21	10	29	18
Not Provided	43	29	30	0	26
Housing					
Provided, Fully Paid	0	0	0	0	0
Provided, Cost Shared	0	0	9	0	0
Provided, Not Paid	29	0	18	50	20
Not Provided	71	100	73	50	78
Parking					
Provided, Fully Paid	29	60	27	13	37
Provided, Cost Shared	14	13	18	0	12
Provided, Not Paid	43	20	45	75	41
Not Provided	14	7	9	13	10
Meals, When Working					
Provided, Fully Paid	14	7	0	17	8
Provided, Cost Shared	14	13	20	33	18
Provided, Not Paid	29	20	30	17	24
Not Provided	43	60	50	33	50
Meals, When on Call					
Provided, Fully Paid	57	67	70	50	63
Provided, Cost Shared	29	20	20	25	23
Provided, Not Paid	0	0	10	13	5
Not Provided	14	13	0	13	10

Table 21

Other Housestaff Benefits by Region
Municipal Hospitals
1991-92

	REGION				
MUNICIPAL HOSPITALS	Northeast	South	Midwest	West	All
Life Insurance					
Provided, Fully Paid	50%	88%	88%	50%	73%
Provided, Cost Shared	25	13	0	0	8
Provided, Not Paid	0	0	0	17	4
Not Provided	25	0	13	33	15
Disability Insurance					
Provided, Fully Paid	40	75	88	50	67
Provided, Cost Shared	20	0	0	17	7
Provided, Not Paid	20	0	13	0	7
Not Provided	20	25	0	33	19
Housing					
Provided, Fully Paid	0	0	0	0	0
Provided, Cost Shared	40	13	0	20	15
Provided, Not Paid	20	13	25	20	19
Not Provided	40	75	75	60	65
Parking					
Provided, Fully Paid	60	63	63	83	67
Provided, Cost Shared	0	13	13	0	7
Provided, Not Paid	40	25	25	0	22
Not Provided	0	0	0	17	4
Meals, When Working					
Provided, Fully Paid	40	14	38	83	42
Provided, Cost Shared	40	43	25	0	27
Provided, Not Paid	0	29	13	0	12
Not Provided	20	14	25	17	19
Meals, When on Call					
Provided, Fully Paid	80	75	100	100	88
Provided, Cost Shared	20	13	0	0	8
Provided, Not Paid	0	13	0	0	4
Not Provided	0	0	0	0	0

Table 22

Other Housestaff Benefits by Region
Church-Owned Hospitals
1991-92

	REGION				
CHURCH-OWNED HOSPITALS	Northeast	South	Midwest	West	All
Life Insurance					
Provided, Fully Paid	90%	100%	85%	100%	91%
Provided, Cost Shared	0	0	0	0	0
Provided, Not Paid	0	0	8	0	3
Not Provided	10	0	8	0	6
Disability Insurance					
Provided, Fully Paid	100	63	55	100	72
Provided, Cost Shared	0	25	18	0	14
Provided, Not Paid	0	13	18	0	10
Not Provided	0	0	9	0	3
Housing					
Provided, Fully Paid	0	0	15	0	6
Provided, Cost Shared	20	13	23	0	18
Provided, Not Paid	30	50	8	0	24
Not Provided	50	38	54	100	53
Parking					
Provided, Fully Paid	50	88	100	67	79
Provided, Cost Shared	20	13	0	0	9
Provided, Not Paid	30	0	0	33	12
Not Provided	0	0	0	0	0
Meals, When Working					
Provided, Fully Paid	22	17	54	0	32
Provided, Cost Shared	44	17	38	33	35
Provided, Not Paid	11	50	0	0	13
Not Provided	22	17	8	67	19
Meals, When on Call					
Provided, Fully Paid	70	38	77	67	65
Provided, Cost Shared	20	38	23	33	26
Provided, Not Paid	0	13	0	0	3
Not Provided	10	13	0	0	6

Table 23

Other Housestaff Benefits by Region
Other Non-Profit Hospitals
1991-92

OTHER NON-PROFIT HOSPITALS	REGION Northeast	South	Midwest	West	All
Life Insurance					
Provided, Fully Paid	94%	85%	95%	71%	91%
Provided, Cost Shared	2	4	5	0	3
Provided, Not Paid	0	8	0	0	1
Not Provided	4	4	0	29	4
Disability Insurance					
Provided, Fully Paid	78	59	82	71	76
Provided, Cost Shared	7	9	0	14	6
Provided, Not Paid	3	9	3	0	4
Not Provided	12	23	16	14	15
Housing					
Provided, Fully Paid	3	4	0	0	2
Provided, Cost Shared	23	8	7	0	15
Provided, Not Paid	19	15	7	29	16
Not Provided	55	73	85	71	68
Parking					
Provided, Fully Paid	58	85	66	86	66
Provided, Cost Shared	22	12	22	0	19
Provided, Not Paid	16	0	12	14	12
Not Provided	4	4	0	0	3
Meals, When Working					
Provided, Fully Paid	24	32	24	40	26
Provided, Cost Shared	27	28	38	20	30
Provided, Not Paid	20	16	11	0	16
Not Provided	29	24	27	40	28
Meals, When on Call					
Provided, Fully Paid	72	83	88	100	80
Provided, Cost Shared	14	9	10	0	12
Provided, Not Paid	5	0	0	0	3
Not Provided	8	9	2	0	6

Table 24

Other Housestaff Benefits by Region
Veterans Affairs Hospitals
1991-92

	REGION				
VA HOSPITALS	Northeast	South	Midwest	West	All
Life Insurance					
Provided, Fully Paid	9%	60%	54%	29%	41%
Provided, Cost Shared	55	20	15	14	26
Provided, Not Paid	9	13	8	14	11
Not Provided	27	7	23	43	22
Disability Insurance					
Provided, Fully Paid	22	38	58	33	40
Provided, Cost Shared	0	0	0	0	0
Provided, Not Paid	0	13	8	0	7
Not Provided	78	50	33	67	53
Housing					
Provided, Fully Paid	0	0	0	0	0
Provided, Cost Shared	0	0	8	0	2
Provided, Not Paid	8	0	8	0	4
Not Provided	92	100	85	100	94
Parking					
Provided, Fully Paid	77	89	69	29	73
Provided, Cost Shared	0	6	15	0	6
Provided, Not Paid	0	0	15	29	8
Not Provided	23	6	0	43	14
Meals, When Working					
Provided, Fully Paid	30	13	8	60	20
Provided, Cost Shared	0	0	15	20	7
Provided, Not Paid	30	6	15	0	14
Not Provided	40	81	62	20	59
Meals, When on Call					
Provided, Fully Paid	85	89	69	80	82
Provided, Cost Shared	8	0	8	0	4
Provided, Not Paid	0	6	8	0	4
Not Provided	8	6	15	20	10

Table 25

Annual Vacation Leave for First-Year Housestaff by Region and Ownership 1991-92

OWNERSHIP	REGION Northeast	South	Midwest	West	All
All Hospitals					
Two Weeks or Less	24%	53%	29%	23%	33%
Between Two and Four Weeks	42	43	61	48	48
Four Weeks or More	33	4	10	29	19
State					
Two Weeks or Less	0	27	36	38	28
Between Two and Four Weeks	67	67	55	25	55
Four Weeks or More	33	7	9	38	18
Municipal					
Two Weeks or Less	0	75	38	0	33
Between Two and Four Weeks	20	25	63	50	41
Four Weeks or More	80	0	0	50	26
Church					
Two Weeks or Less	11	88	33	33	41
Between Two and Four Weeks	33	13	67	67	44
Four Weeks or More	56	0	0	0	16
Other Non-Profit					
Two Weeks or Less	29	50	17	0	28
Between Two and Four Weeks	43	46	68	100	53
Four Weeks or More	28	4	15	0	19
Veterans Affairs					
Two Weeks or Less	25	55	47	43	44
Between Two and Four Weeks	42	40	40	14	37
Four Weeks or More	33	5	13	43	19

Table 26

Annual Vacation Leave for Second-Year Housestaff by Region and Ownership 1991-92

OWNERSHIP	REGION Northeast	South	Midwest	West	All
All Hospitals					
Two Weeks or Less	8%	14%	7%	10%	10%
Between Two and Four Weeks	52	68	75	55	63
Four Weeks or More	40	17	18	35	28
State					
Two Weeks or Less	0	7	18	13	10
Between Two and Four Weeks	67	73	64	50	65
Four Weeks or More	33	20	18	38	25
Municipal					
Two Weeks or Less	0	29	0	0	8
Between Two and Four Weeks	20	57	100	50	62
Four Weeks or More	80	14	0	50	31
Church					
Two Weeks or Less	11	25	0	0	9
Between Two and Four Weeks	33	75	85	67	67
Four Weeks or More	56	0	15	33	24
Other Non-Profit					
Two Weeks or Less	9	8	5	0	7
Between Two and Four Weeks	54	73	73	100	64
Four Weeks or More	37	19	22	0	28
Veterans Affairs					
Two Weeks or Less	8	20	13	29	17
Between Two and Four Weeks	58	60	67	14	56
Four Weeks or More	33	20	20	57	28

Table 27

Time Allotted Housestaff to Attend Seminars by Region and Ownership 1991-92

OWNERSHIP	REGION Northeast	South	Midwest	West	All
All Hospitals					
Less than Five Days	27%	14%	13%	38%	19%
Five Days	40	54	47	25	44
More than Five Days	33	32	41	38	36
State					
Less than Five Days	*	0	*	*	7
Five Days	*	60	*	*	50
More than Five Days	*	40	*	*	43
Municipal					
Less than Five Days	*	*	0	*	29
Five Days	*	*	50	*	36
More than Five Days	*	*	50	*	36
Church					
Less than Five Days	20	17	10	*	14
Five Days	40	33	70	*	55
More than Five Days	40	50	20	*	32
Other Non-Profit					
Less than Five Days	27	20	13	*	22
Five Days	43	53	41	*	44
More than Five Days	30	27	47	*	34
Veterans Affairs					
Less than Five Days	*	0	25	*	19
Five Days	*	71	25	*	37
More than Five Days	*	29	50	*	44

** too few respondents to report data*

ADDITIONAL DATA ON LONG-TERM DISABILITY INSURANCE (Table 28)

Survey respondents were asked to provide additional data on long-term disability insurance for housestaff. Specifically, they were asked if the disability insurance is portable, i.e., if housestaff can continue disability coverage by paying the monthly premium themselves, even after they have left the hospital's employ. As shown in **Table 28**, 42 percent of respondents have portable disability insurance. While hospitals in the Northeast are more likely to provide subsidized long-term disability insurance in general (see Table 19), only 34 percent of Northeastern hospitals providing disability coverage have portable policies (data not shown). In contrast, while hospitals in the West are less likely to offer disability coverage than Northeastern hospitals, the policies offered are more likely to have portability features (62 percent). When disability insurance is provided, it is more likely to be portable in the West, than in the Northeast. Of Southern hospitals offering disability insurance 41 percent have portable coverage; for Midwestern hospitals the figure is 45 percent.

There appears to be a correlation between a hospital offering portable disability coverage and a hospital having a housestaff-only disability plan. Of the hospitals with portable disability insurance, only 22 percent include other hospital employees in the plan; in contrast, 53 percent of disability plans overall include other employees (data not shown).

Table 28

Additional Data on Long-term Disability Insurance for Housestaff 1991-92

Question	Response	N	%
Are other hospital employees covered under the same disability insurance plan as housestaff?	Yes	119	53%
	No	105	47
	Total	224	100
Is the disability insurance portable when house officers leave?	Yes	93	42%
	No	129	58
	Total	222	100
If the policy is portable, can additional coverage be obtained when house officers leave the hospital and earn a higher income?	Yes	77	86%
	No	13	14
	Total	90	100
Is a medical screening required in order to obtain additional coverage?	Yes	24	33%
	No	49	67
	Total	73	100
Does the policy cover disabilities resulting from HIV infection?	Yes	189	95%
	No	9	5
	Total	198	100

DUTY HOURS AND MOONLIGHTING POLICIES (Table 29)

Table 29 contains responses to a variety of duty hour and moonlighting policy questions. Specifically, the survey distinguishes between hospital-determined policies and policies set by individual programs. While the survey inquired about institution-wide hospital policies, in each case it also asked if certain programs including internal medicine, general surgery, family practice, pediatrics, anesthesiology, or obstetrics/gynecology are exempted from these policies.

The survey results show that 119 hospitals (39 percent) have institution-wide policies, to limit the number of housestaff duty hours. Of these, 87 percent indicated a maximum of 80 hours per week. However, 25 of the 119 hospitals with duty hour policies allow exemptions for certain programs, general surgery being the most common exemption (20 respondents). The other specialties were exempted by two or fewer hospitals (data not shown).

Similarly, while 105 hospitals (34 percent) have policies limiting the number of on-call assignments, 13 permitted exemptions. (Seven indicated general surgery, three indicated internal medicine, and three did not specify which program.) Most commonly residents were limited to on-call duties every third or every fourth night (64 and 22 respondents respectively). A third of respondents (99 hospitals) give residents regular periods of time off from duties. Seventy-one hospitals responded that residents are given every seventh day off, the most common response. (Frequently the amount of time off is averaged over a month.) General surgery programs were exempted in seven cases, obstetrics/gynecology in one.

Fewer hospitals have moonlighting policies than other types of hour policies (57 respondents). Of these, six allow exemptions either in internal medicine, family practice, or obstetrics/gynecology.

Table 29

Duty Hour and Moonlighting Policies for Housestaff 1991-92

Question	Response	N	%
Does the hospital have an institution-wide duty hours policy for housestaff?	Yes	119	39%
	No	190	61
	Total	309	100
Do programs have policies on the maximum number of duty hours?	Yes, all	90	31%
	Yes, some	119	41
	No	81	28
	Total	290	100
Does the hospital have an institution-wide policy on the frequency of on-call assignments for residents?	Yes	105	34%
	No	202	66
	Total	307	100
Do programs have policies on the frequency of on-call assignments?	Yes, all	134	46%
	Yes, some	104	36
	No	52	18
	Total	290	100
Does the hospital have an institution-wide policy to give residents time off from hospital duties?	Yes	99	33%
	No	204	67
	Total	303	100
Do programs have policies to give residents time off from hospital duties?	Yes, all	112	40%
	Yes, some	94	33
	No	77	27
	Total	283	100
Does the hospital have an institution-wide policy to prohibit moonlighting?	Yes	57	19%
	No	250	81
	Total	307	100
Do programs have policies to prohibit moonlighting?	Yes, all	49	17%
	Yes, some	107	38
	No	129	45
	Total	285	100

IMMUNIZATION POLICIES (Table 30)

Survey participants were asked to provide information on immunization policies. Seventy-seven percent of responding hospitals require housestaff to keep their immunizations current. Ninety-four percent of these require documentation or proof of immunity. Five immunizations were surveyed specifically: measles, mumps, rubella, hepatitis, and tetanus. **Table 30** shows the number of hospitals that include each of these immunizations in their policy. An additional eleven hospitals stated that hepatitis B or tetanus immunizations are optional. One respondent indicated that the immunization policy is set forth by the university.

SHARED POSITIONS (Table 30)

Respondents also provided information on shared residency positions and positions with reduced schedules and extended training time. While 108 hospitals have policies permitting shared positions, 47 of these have not had shared positions in the past five years. Twenty-seven hospitals have had shared positions in internal medicine, twenty-six in pediatrics, nine in family practice, eight in psychiatry, two in anesthesiology, and one in obstetrics/gynecology (data not shown).

Over the past five years more hospitals provided reduced schedule/extended training positions than shared positions. Forty-seven hospitals have had extended training time in internal medicine, forty-two in psychiatry, thirty-three in pediatrics, twenty-seven in family practice, sixteen in anesthesiology, nine in obstetrics/gynecology, and eight in general surgery (data not shown).

Table 30

Immunization Policies and Shared Position Data 1991-92

Question	Response	N	%
Does the hospital require housestaff to keep immunizations current?	Yes	232	77%
	No	71	23
	Total	303	100
If YES, which of the following immunizations are included in this policy?	Measles	196	
	Mumps	149	
	Rubella	200	
	Hepatitis	153	
	Tetanus	141	
Are housestaff screened for tuberculosis?	Yes	220	96%
	No	10	4
	Total	230	100
Does your hospital require documentation or proof of immunity to enforce this policy?	Yes	215	94%
	No	14	6
	Total	229	100
Is it possible for residents to share a position?	Yes	108	36%
	No	192	64
	Total	300	100
If YES, in the past 5 years approximately how many positions have been shared?	zero	47	
	1 - 2	28	
	3 or more	17	
Not including shared positions, does your hospital have residents with reduced schedules and extended training time?	Yes	105	35%
	No	193	65
	Total	298	100
If YES, in the past 5 years approximately how many residents have utilized an extension?	zero	2	
	1 - 2	39	
	3 - 5	35	
	6 or more	21	

CHAPTER III

HOUSESTAFF FUNDING

STIPENDS AND BENEFITS: HOSPITAL EXPENDITURES AND SOURCES OF FUNDING (Tables 31 through 35)

Whereas data in Chapters II and III reflect stipends and benefits for the upcoming year (1991-92), data in Chapter III are for 1990-91, the most recent year for which complete financial data are available. **Table 31** outlines the percentage of the hospitals' operating budgets that is allocated to housestaff stipends and benefits. Among all respondents, housestaff stipends and benefits comprise 3.5 percent of hospitals' total operating budgets. Stipend and benefit expenditures for public hospitals (i.e., state, municipal, and VA) constitute a larger portion of total operating expenses than they do in private hospitals (i.e., church and other non-profit).

Table 32 develops ratios of benefit expenditures to stipend expenditures. The reader should note that this is not the ratio of benefits to total (benefit plus stipend) expenditures. For example, $2,000,000 in benefit expenditures and $8,000,000 in stipend expenditures correspond to a ratio of .25 (and not .20). Private hospitals spend more on benefits relative to stipends than do public hospitals.

Tables 33 and **34** report the distribution of funding sources for resident and clinical fellow stipend and benefit expenditures. The primary funding source for housestaff stipends and benefits is patient revenues and general operating appropriations. This percentage is greater for resident budgets (79 percent) than for clinical fellow budgets (64 percent). In percent terms, clinical fellow budgets derive considerable funding from medical school-university funds, physician fee revenue, and NIH. **Figure 4** exhibits the sources of funding for resident and clinical fellow programs. Among ownership groups, private hospitals rely more heavily on patient revenues to fund housestaff expenditures than do public hospitals. These figures exclude Veterans Administration hospitals which are almost uniformly supported by federal VA appropriations.

Table 35 displays aggregate total expenditures for housestaff stipends and benefits as reported by responding COTH hospitals. Comparisons across regions and ownership categories are complicated by the interplay of several factors: 1) differences in the number of housestaff; 2) different mixes of post-MD year students among respondents; and 3) differences in compensation or benefit levels.

See also Appendix C: Evans, A and J.V. Kelly, PhD, "Funding Sources for Resident Stipends and Benefits in Nonfederal COTH Hospitals by Hospital Ownership (1985-1986 and 1989-1990)", COTH Report, Nov/Dec 1990.

Table 31

Stipends and Benefits as a Percentage of Total Operating Budget 1990-91

Mean Values

OWNERSHIP	REGION Northeast	South	Midwest	West	All
All Hospitals	3.4%	3.7%	3.1%	4.1%	3.5%
State	4.3	5.1	4.5	4.7	4.8
Municipal	5.4	2.9	3.5	5.2	4.1
Church	2.5	2.9	1.6	*	2.3
Other Non-Profit	3.2	2.7	3.0	2.9	3.0
Veterans Affairs	4.1	4.3	3.2	3.5	3.9

Median Values

OWNERSHIP	REGION Northeast	South	Midwest	West	All
All Hospitals	3.3%	3.4%	3.0%	3.9%	3.2%
State	4.3	5.1	3.9	4.0	4.0
Municipal	5.6	3.2	3.1	4.7	4.0
Church	2.6	1.7	1.3	*	1.8
Other Non-Profit	3.2	2.8	3.0	3.0	3.0
Veterans Affairs	3.8	3.3	3.2	4.4	3.4

* *too few respondents to report data*

Table 32

Ratio of Benefits to Stipends by Region and Ownership 1990-91

Mean Values

OWNERSHIP	REGION Northeast	South	Midwest	West	All
All Hospitals	0.24%	0.21%	0.20%	0.17%	0.21%
State	0.24	0.18	0.14	0.19	0.18
Municipal	0.21	0.20	0.18	0.14	0.18
Church	0.21	0.28	0.22	*	0.23
Other Non-Profit	0.26	0.24	0.23	0.22	0.24
Veterans Affairs	0.17	0.16	0.15	0.11	0.15

Median Values

OWNERSHIP	REGION Northeast	South	Midwest	West	All
All Hospitals	0.23%	0.20%	0.18%	0.16%	0.20%
State	0.23	0.17	0.13	0.17	0.17
Municipal	0.21	0.21	0.17	0.14	0.17
Church	0.20	0.25	0.19	*	0.21
Other Non-Profit	0.24	0.22	0.21	0.22	0.22
Veterans Affairs	0.18	0.17	0.16	0.10	0.16

** too few respondents to report data*

Table 33

Funding Sources for Resident Stipends and Benefits by Ownership * 1990-91

Percentage Distribution for Residents

FUNDING SOURCE	OWNERSHIP				
	All	State	Municipal	Church	Other Non-Profit
Patient Revenues and General Operating Appropriations	78.7%	55.6%	66.3%	92.8%	92.2%
State Appropriations Earmarked for Housestaff Expenses	5.8	15.7	4.7	1.1	1.4
Veterans Affairs Appropriations	4.2	11.5	2.5	0.0	1.2
Municipal Appropriations Earmarked for Housestaff Expenses	2.9	2.1	17.3	0.0	0.3
Medical School-University Funds	1.7	3.9	1.4	0.2	0.7
Physician Fee Revenue	1.3	3.8	0.0	0.3	0.3
N.I.H.	0.3	0.8	0.0	0.1	0.1
Other Federal Agencies	0.5	1.0	0.0	0.0	0.4
Foundation Grants, Voluntary Agencies	0.3	0.7	0.0	0.1	0.2
Endowment Income	0.1	0.3	0.0	0.0	0.0
Other	4.4	4.5	7.8	5.4	3.2
Number of Hospitals	197	37	18	25	117

* *excludes VA hospitals*

Table 34

Funding Sources for Clinical Fellow Stipends and Benefits by Ownership * 1990-91

Percentage Distribution for Clinical Fellows

FUNDING SOURCE	OWNERSHIP				
	All	State	Municipal	Church	Other Non-Profit
Patient Revenues and General Operating Appropriations	63.7%	47.2%	42.9%	63.3%	75.4%
State Appropriations Earmarked for Housestaff Expenses	3.2	9.0	0.0	0.0	0.0
Veterans Affairs Appropriations	4.8	6.5	0.0	0.0	4.4
Municipal Appropriations Earmarked for Housestaff Expenses	0.8	0.2	29.0	0.0	0.0
Medical School-University Funds	4.7	4.4	0.0	13.0	4.2
Physician Fee Revenue	5.6	13.1	0.0	0.9	1.6
N.I.H.	4.0	7.5	0.0	0.0	2.4
Other Federal Agencies	1.7	3.0	0.0	0.0	1.1
Foundation Grants, Voluntary Agencies	2.7	4.5	0.0	1.0	1.9
Endowment Income	0.6	0.6	0.0	0.0	0.7
Other	8.2	4.1	28.2	21.8	8.5
Number of Hospitals	87	16	4	15	52

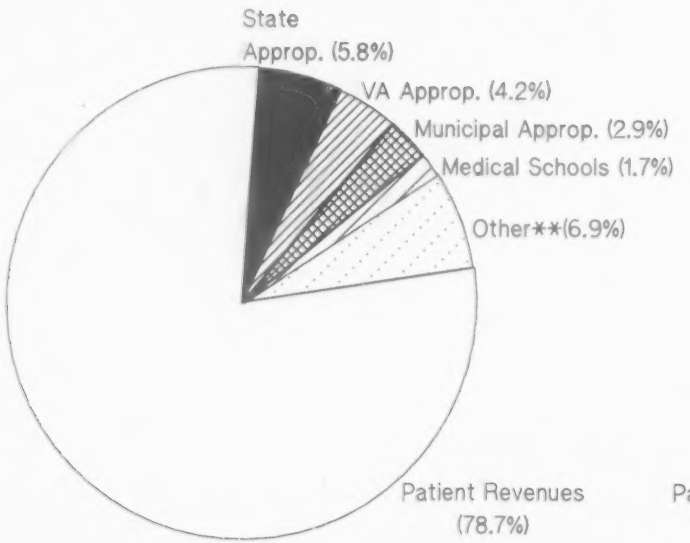
* *excludes VA hospitals*

Figure 4

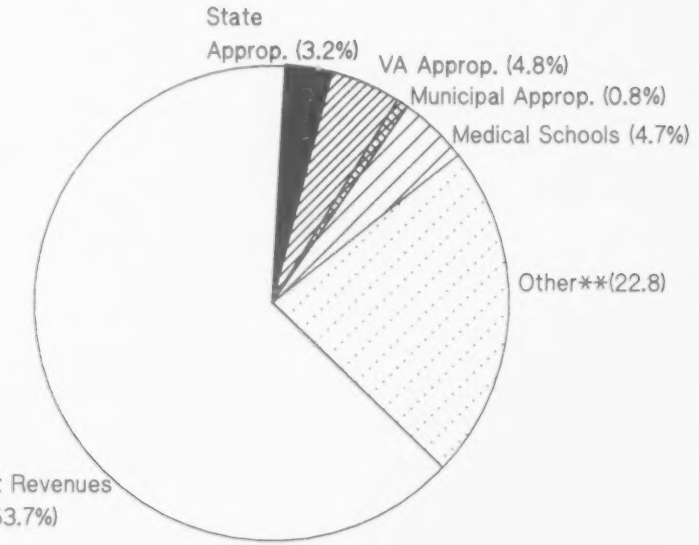
Sources of Funding for Housestaff Stipends and Benefits

All Hospitals, 1990-91*

Resident Stipends and Benefits



Clinical Fellow Stipends and Benefits



* Excludes Veterans Administration hospitals

** Includes Physician Fee Revenue, NIH and other federal agency funds, endowment income, and foundation grants.

Table 35

Expenditures for Stipends and Benefits by Region and Ownership 1990-91

Mean Values

OWNERSHIP	REGION Northeast	South	Midwest	West	All
All Hospitals	$6,945,687	$5,734,546	$6,118,525	$9,420,426	$6,658,718
State	10,132,717	9,878,040	11,619,159	14,100,956	11,296,091
Municipal	14,811,720	8,994,996	6,281,776	11,693,783	9,659,774
Church	3,780,183	5,337,728	5,105,554	*	5,018,165
Other Non-Profit	7,373,152	4,692,963	5,972,153	6,530,094	6,506,371
Veterans Affairs	3,603,368	3,099,967	3,208,185	4,805,378	3,451,731

Median Values

OWNERSHIP	REGION Northeast	South	Midwest	West	All
All Hospitals	$5,152,254	$4,210,451	$3,571,808	$6,928,049	$4,500,000
State	9,266,548	8,609,171	9,244,202	9,891,038	9,266,548
Municipal	11,718,856	6,566,511	5,888,815	6,001,430	7,054,151
Church	4,466,201	3,766,048	3,245,719	*	3,302,120
Other Non-Profit	5,477,716	3,734,120	4,003,914	2,874,879	4,393,216
Veterans Affairs	3,621,459	3,051,251	2,959,888	4,649,956	3,208,096

* *too few respondents to report data*

Appendix A

Response Rate for the 1991 COTH Survey of Housestaff Stipends, Benefits, and Funding

Hospital Category		Number of Respondents	Number of COTH Members	Response Rate
All Hospitals		319	396	81%
Region				
	Northeast	117	158	74
	South	80	92	87
	Midwest	90	99	91
	West	32	47	68
Ownership				
	State	41	46	89
	Municipal	27	36	75
	Church	34	44	77
	Other Non-Profit*	157	197	80
	Veterans Affairs**	60	73	82

* *includes one for-profit hospital*
** *includes one other federal hospital*

APPENDIX B

COTH SURVEY OF HOUSESTAFF STIPENDS, BENEFITS AND FUNDING
MAY 1991

Name of Hospital_____

City/State_____

Membership Code #_____

HOUSESTAFF STIPENDS

1. a. Please indicate the cash stipends for the 1991-92 academic year:

	1991-92 Stipends
1st Post-MD Year	$_____
2nd Post-MD Year	$_____
3rd Post-MD Year	$_____
4th Post-MD Year	$_____
5th Post-MD Year	$_____
6th Post-MD Year	$_____
7th Post-MD Year	$_____
8th Post-MD Year	$_____

b. Are 1991-92 stipends estimated? YES_____ NO_____

2. On what date do 1991-92 stipends become effective (i.e. beginning of new pay period)?_____

3. Do chief residents have higher compensation? YES_____ NO_____
   If YES, please state additional amount: $_____

HOUSESTAFF BENEFITS

4. a) Does your hospital withhold FICA taxes on housestaff stipends? YES_____ NO_____
   b) Are housestaff enrolled in a <u>defined benefit</u> retirement plan? YES_____ NO_____

   c) Are housestaff enrolled in a <u>defined contribution</u> retirement plan? YES_____ NO_____
      If YES, please answer i-iv:
      i. Percent of base salary which hospital contributes: ___ %
      ii. Max. percent of base salary which housestaff may contribute: ___ %
      iii. Number of years before fully vested: ___ Years
      iv. Time before eligible for participation: ___ Months

   d) What is the length of appointment for housestaff (please check one)?
      ___ one year, renewable
      ___ length of training
      ___ other

5. How many weeks of vacation do housestaff receive during a year?
   1st Year Housestaff_____weeks
   2nd Year Housestaff_____weeks

6. a. How many days may housestaff spend at off-site educational seminars during a year? ____days
   b. Is the time-off to attend seminars granted in addition to vacation leave? YES_____ NO_____
   c. Does your hospital contribute a per-diem stipend or contribute to the registration cost of the seminar? YES_____ NO_____
      Amount: $_____

0755

7. Indicate the benefits provided to first year house officers by your hospital (check appropriate column):

	Benefit Provided			Benefit Not Provided
	Fully Paid by Hospital	Cost Shared	Not paid by hospital	
a. Life Insurance	____	____	____	____
Amount of Coverage $_____				
Is supplemental, employee-paid insurance available? ___Y ___N				
b. Long-term Disability Insurance	____	____	____	____
Gross Benefit as percent of salary _____%				
Length of Coverage _____ (age or years)				
c. Health Benefits				
Mark the following health benefit premiums as fully paid, even if coverage is subject to deductibles or copayments. Indicate partially paid, only if the premium is partially paid by the hospital.				
i. Group Medical Insurance				
Premium for Individual Coverage Only	____	____	____	____
Premium for Family Coverage	____	____	____	____
ii. Vision Benefits				
Check here, if included in Group Medical Insurance ____				
Premium for Individual Coverage Only	____	____	____	____
Premium for Family Coverage	____	____	____	____
iii. Prescription Drug Benefits				
Check here, if included in Group Medical Insurance ____				
Premium for Individual Coverage Only	____	____	____	____
Premium for Family Coverage	____	____	____	____
iv. Psychiatric Counseling/Psychological Support				
Check here, if included in Group Medical Insurance ____				
Premium for Individual Coverage Only	____	____	____	____
Premium for Family Coverage	____	____	____	____
v. Group Dental Insurance				
Premium for Individual Coverage Only	____	____	____	____
Premium for Family Coverage	____	____	____	____
d. Employee Assistance Program				
Individual Coverage Only	____	____	____	____
Family Coverage	____	____	____	____
e. Hospital Employee Health Service Program				
Individual Coverage Only	____	____	____	____
Family Coverage	____	____	____	____
f. Housing	____	____	____	____
g. Parking	____	____	____	____
h. Meals When Working	____	____	____	____
When On Call	____	____	____	____

If housing, parking, or meals are provided at reduced rates, check these as "partially paid".

8. Do housestaff have a choice of alternative health insurance plans? YES____ NO____

If YES, what is the number of plans: #_____

HOUSESTAFF POLICIES

9. Hospitals and/or residency programs may have policies on the **MAXIMUM NUMBER OF DUTY HOURS** that residents may be assigned. Please answer the following about your hospital and your residency programs (check all that apply):

A. HOSPITAL

Does the hospital have an institution-wide duty hours policy for housestaff? YES_____ NO_____

If YES, please answer the following:

What is the maximum number of duty hours? ____ hours per week
____ hours per month

Are some programs exempted from this policy? YES_____ NO_____

If yes, which of the following programs are exempted?
Internal Medicine____
General Surgery ____
Family Practice ____
Pediatrics ____
Anesthesiology ____
Ob/Gyn ____

B. PROGRAMS

Do programs have policies on the maximum number of duty hours?
YES, all programs_____
YES, some programs_____
NO_____

If yes, which of the following programs have policies on the maximum number of duty hours?
Internal Medicine____
General Surgery ____
Family Practice ____
Pediatrics ____
Anesthesiology ____
Ob/Gyn ____

10. Hospitals and/or residency programs may have policies regarding the **FREQUENCY OF ON-CALL ASSIGNMENTS** for residents. Please answer the following about your hospital and your residency programs (check all that apply):

A. HOSPITAL

Does the hospital have an institution-wide policy on the frequency of on-call assignments for residents? YES_____ NO_____

If YES, please answer the following:

What is the frequency of on-call assignments? Every ____(nth) night
Every ____(nth)weekend

Are some programs exempted from this policy? YES_____ NO_____

If yes, which of the following programs are exempted?
Internal Medicine____
General Surgery ____
Family Practice ____
Pediatrics ____
Anesthesiology ____
Ob/Gyn ____

B. PROGRAMS

Do programs have policies on the frequency of on-call assignments?
YES, all programs_____
YES, some programs_____
NO_____

If yes, which of the following programs have policies on the frequency of on-call assignments?
Internal Medicine____
General Surgery ____
Family Practice ____
Pediatrics ____
Anesthesiology ____
Ob/Gyn ____

11. Hospitals and/or residency programs may have policies to give residents **REGULAR PERIODS OF TIME FREE FROM HOSPITAL DUTIES/PATIENT CARE RESPONSIBILITIES** (eg, one day in seven). Please answer the following about your hospital and your residency programs (check all that apply):

A. HOSPITAL

Does the hospital have an institution-wide policy to give residents time off from hospital duties? YES_____ NO_____

If YES, please answer the following:

How many days off do residents receive?
Every ____(nth) day
Every ____(nth)weekend

Are some programs exempted from this policy? YES_____ NO_____

If yes, which of the following programs are exempted?
Internal Medicine____
General Surgery ____
Family Practice ____
Pediatrics ____
Anesthesiology ____
Ob/Gyn ____

B. PROGRAMS

Do programs have policies to give residents time off from hospital duties?
YES, all programs_____
YES, some programs_____
NO_____

If yes, which of the following programs have policies to give time off?
Internal Medicine____
General Surgery ____
Family Practice ____
Pediatrics ____
Anesthesiology ____
Ob/Gyn ____

12. Hospitals and/or residency programs may have policies that **PROHIBIT MOONLIGHTING**. Please answer the following about your hospital and your residency programs (check all that apply):

A. HOSPITAL

Does the hospital have an institution-wide policy to prohibit moonlighting? YES_____ NO_____

If YES, please answer the following:

Are some programs exempted from this policy? YES_____ NO_____

If yes, which of the following programs are exempted?
Internal Medicine____
General Surgery ____
Family Practice ____
Pediatrics ____
Anesthesiology ____
Ob/Gyn ____

B. PROGRAMS

Do programs have policies to prohibit moonlighting?
YES, all programs_____
YES, some programs_____
NO_____

If yes, which of the following programs have policies to prohibit moonlighting?
Internal Medicine____
General Surgery ____
Family Practice ____
Pediatrics ____
Anesthesiology ____
Ob/Gyn ____

13. a) Does your hospital require housestaff to keep immunizations current? YES_____ NO_____

b) If YES, which of the following immunizations are included in this policy:

_____ measles
_____ mumps
_____ rubella
_____ hepatitis B
_____ tetanus

c) Are housestaff screened for tuberculosis? YES_____ NO_____

d) Does your hospital require documentation or proof of immunity to enforce this policy? YES_____ NO_____

14. If you indicated above that your hospital provides long-term disability insurance to housestaff, please answer the following questions:

a) Are other hospital employees covered under the same disability plan as housestaff? YES_____ NO_____

b) Is the disability insurance portable/transferable when house officers leave? That is, can house officers continue their coverage by paying the monthly premium themselves, even after they have left the hospital's employ? YES_____ NO_____

c) If the policy is portable, can additional coverage by obtained when house officers leave the hospital and earn a higher income? YES_____ NO_____
If YES, is a medical screening test required in order to obtain additional coverage? YES_____ NO_____

d) Does the policy cover disabilities resulting from HIV infection? YES_____ NO_____

15. Is it possible for residents to share a position? YES_____ NO_____
If YES, in the past 5 years approximately how many positions have been shared? _____ positions

Which of the following programs have had shared positions?

Internal Medicine____
General Surgery ____
Family Practice ____
Pediatrics ____
Psychiatry ____
Anesthesiology ____
Ob/Gyn ____

16. Not including shared positions, does your hospital have residents with reduced schedules and extended training time? YES_____ NO_____
If YES, in the past 5 years approximately how many residents have utilized an extension? _____ residents

Which programs have had this type of position?

Internal Medicine____
General Surgery ____
Family Practice ____
Pediatrics ____
Psychiatry ____
Anesthesiology ____
Ob/Gyn ____

HOUSESTAFF FUNDING

17. Indicate the sources used to pay the costs of 1990-91 stipends and benefits for housestaff at your hospital:

	Residents	Clinical Fellows
a. Patient revenues/General operating appropriations	$_____	$_____
b. State appropriations earmarked for housestaff expenses	$_____	$_____
c. Municipal appropriations earmarked for housestaff expenses	$_____	$_____
d. Veterans Administration appropriations	$_____	$_____
e. Physician fee revenue	$_____	$_____
f. Medical school/university funds	$_____	$_____
g. NIH	$_____	$_____
h. Other federal agencies	$_____	$_____
i. Endowment income	$_____	$_____
j. Foundation grants/voluntary agencies	$_____	$_____
k. Other (specify)_____	$_____	$_____
L. TOTAL	$_____	$_____

		Residents	Clinical Fellows
18. Indicate the split between expenditures for housestaff stipends and expenditures for housestaff benefits. (Total should equal line L in question 17.)	Stipends:	$_____	$_____
	Benefits:	$_____	$_____
	Total:	$_____	$_____
Please provide an estimate of the split if dollar figures are not available:	Stipends:	_____%	_____%
	Benefits:	_____%	_____%
	Total:	100 %	100 %

19. What percent of the hospital's total operating budget is spent for housestaff stipends and benefits (residents and fellows combined)? _____%

Person to contact for questions:_____

Telephone Numbers:_____

Please complete and return this survey by May 31, 1991 to:

Alison Evans
Association of American Medical Colleges
One Dupont Circle N.W. Suite #200,
Washington, D.C. 20036
tel (202) 828-0490
fax (202) 785-5027

SUPPLEMENTAL QUESTION FOR FEDERAL COTH MEMBERS

The following is a supplemental question for federal COTH members only. Nonfederal COTH members are asked this question as part of the COTH Survey of Financial and Operating Data. The VA has a strong commitment to graduate medical education, and we feel it is important to collect data on the number of FTE housestaff rotating through federal, COTH member hospitals. We therefore urge you to complete this supplemental question.

NUMBER OF RESIDENTS AND FELLOWS

20. For each residency/fellowship program in your hospital, indicate the number of FTE residents/fellows located on-site in your hospital on an average day throughout the 1990-91 year. Specific instructions on the reverse side of the questionnaire specify the types of residents/fellows to be included in the program counts. Do not include FTE residents and fellows who are paid by your hospital but who are located off-site; include FTE residents on-site but paid by other sources (consult instructions on reverse page). If your hospital does not have a residency/fellowship program, enter a zero in that space.

Program	Residents (FTEs) On-Site[1]
Allergy/Immunology	
Anesthesiology	
Colon & Rectal Surgery	
Dentistry/Oral Surgery	
Dermatology	
Family Practice	
Internal Medicine[2]	
-Primary Care Track[3]	
-Preliminary/Categorical[4]	
Neurological Surgery	
Neurology	
Nuclear Medicine	
Ophthalmology	
Orthopaedic Surgery	
Otolaryngology[5]	
Pathology	
Physical Medicine/Rehab	
Plastic Surgery	
Podiatry	
Psychiatry	
Radiation Oncology	
Radiology	
Surgery	
Thoracic Surgery[6]	
Urology	
Other[7]_____	
Other_____	
Other_____	
TOTAL FTEs all Specialties	

Program	Fellows (FTEs) On-Site[8]
Allergy/Immunology[9]	
Anesthesiology[10]	
Dermatology[11]	
Family Medicine[12]	
Internal Medicine[13]	
Neurological Surgery[14]	
Nuclear Medicine[15]	
Ophthalmology	
Orthopaedic Surgery[16]	
Otolaryngology	
Pathology[17]	
Plastic Surgery[18]	
Psychiatry/Neurology	
Radiology[19]	
Surgery[20]	
Other[21]_____	
Other_____	
Other_____	
TOTAL FTEs all Specialties	

INSTRUCTIONS FOR COMPLETING QUESTION 20

RESIDENTS:

1) **Residents (FTEs) Onsite:** Report the number of FTE Residents training in your hospital on an average day during the fiscal year. Count residents in approved programs. Include in this count FTE Residents in both inpatient and outpatient areas. Do NOT count residents supported by hospital funds but assigned to other hospitals. INCLUDE on-site FTEs paid by other entities, such as other hospitals, the campus/university, the medical school, a faculty practice plan, the government, or nonfederal grants and foundations. Do NOT include residents in patient/family counseling, clinical psychology, dietary, or pharmacy.

2) **Internal Medicine:** Subspecialty residents in Cardiology, Endocrinology, Gastroenterology, Hematology, Infectious Disease, Nephrology, Oncology, Pulmonary Disease, Rheumatology, and other Medicine sub-specialties should be counted with FTE Clinical Fellows.
3) **Primary Care Track, Internal Medicine:** A specific, 3-year primary care training program as listed in the **1991-92 Directory of the National Residency Matching Program (NRMP).**
4) **Preliminary/Categorical, Internal Medicine:** Training programs that serve as preliminary trainng for another specialty or any program that carries the trainee from entry to certification, as listed in the **1991-92 NRMP Directory.**
5) **Otolaryngology:** Also known as Head and Neck Surgery.
6) **Thoracic Surgery:** Also known as Surg-Cardiopulmonary.
7) **Other:** Specify program.

FELLOWS:

8) **Fellows (FTEs) Onsite:** Report the number of FTE Clinical Fellows training in your hospital on an average day during the fiscal year. Include in this count FTE Fellows in both inpatient and outpatient areas. Do NOT count fellows supported by hospital funds but assigned to other hospitals. INCLUDE on-site FTEs paid by other entities, such as other hospitals, the campus/university, the medical school, a faculty practice plan, the government, or nonfederal grants and foundations.

9) **Allergy/Immunology:** Include Diagnostic Laboratory Immunology.
10) **Anesthesiology:** Include Critical Care Medicine.
11) **Dermatology:** Include Dermopathology, Dermatological Immunology/Diagnostic and Laboratory Immunology.
12) **Family Medicine:** Include Geriatric Medicine.
13) **Internal Medicine:** Include Cardiovascular Disease, Critical Care Medicine, Diagnostic Laboratory Immunology, Endocrinology & Metabolism, Gastroenterology, Hematology, Infectious Disease, Medical Oncology, Nephrology, Pulmonary Disease, and Rheumatology.
14) **Neurological Surgery:** Include Critical Care Medicine.
15) **Nuclear Medicine:** Include Radioisotopic Pathology.
16) **Orthopaedic Surgery:** Include Hand Surgery.
17) **Pathology:** Include Blood Banking, Chemical Pathology, Dermatopathology, Forensic Pathology, Hematology, Immunopathology, Medical Microbiology, Neuropathology, and Radioisotope Pathology.
18) **Plastic Surgery:** Include Hand Surgery.
19) **Radiology:** Include Nuclear Radiology.
20) **Surgery:** Include General Vascular Surgery and Surgical Critical Care.
21) **Other:** Specify specialty.

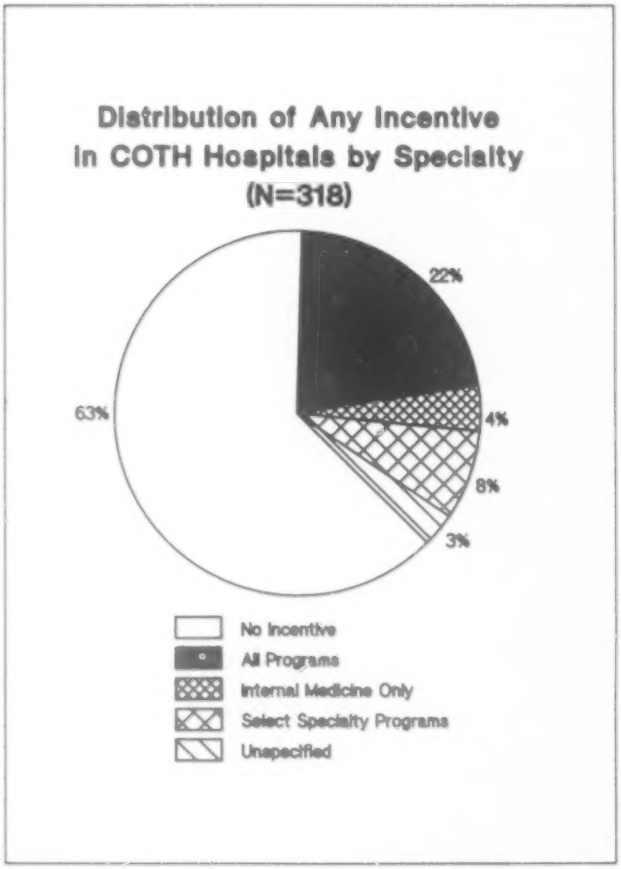
Housestaff Recruitment Incentives Offered by COTH Members in 1990

—Alison Evans and Joyce V. Kelly, Ph.D.

The *1990 COTH Survey of Housestaff Stipends, Benefits and Funding* included several new questions relating to recruitment incentives offered by COTH members to housestaff. Approximately 39 percent of COTH members provide expense accounts for books or CME courses. Considerably smaller proportions of COTH members provide other incentives (see Table).

In their survey responses, COTH members indicated which specialty programs offer recruitment incentives. As displayed in the piechart, which shows the distribution of these incentives across specialties, nearly two-thirds of COTH hospitals provide *no* incentives. The remaining one-third most commonly offer incentives in all programs, but also target the select specialty programs of internal medicine, pediatrics, and family practice. A smaller number of respondents provide recruitment incentives for surgery, transitional year, psychiarty, neurology, cardiology, and radiology.

The final report on the 1990 Housestaff survey will be published and mailed to AAMC constituents in October 1990.



TYPE OF INCENTIVE	YES %	YES N	NO %	NO N	Total Respondents
Expense accounts for books or CME courses	39%	118	61%	183	301
Hospital sponsored or arranged moonlighting	30%	93	70%	212	305
Hospital subsidized malpractice insurance for moonlighting	22%	67	78%	235	302
Subsidized expenses for interview	17%	53	83%	250	303
Subsidized relocation and moving expenses	6%	18	94%	288	306
Financial bonus or other added compensation	5%	14	95%	294	308
Financial Assistance with the repayment of their student loans	3%	8	97%	299	307
Loan forgiveness directly related to medical school tuition	1%	3	99%	302	305

Other recruitment incentives provided include professional allowances, board review courses, and aid to minority students

ED Line

Funding Sources for Resident Stipends and Benefits in Nonfederal COTH Hospitals by Hospital Ownership (1985-1986 and 1989-1990)

—Allison Evans and Joyce V. Kelly, PhD

Patient revenues and general operating appropriations represent the largest funding source for residents' stipends and benefits.[1] Furthermore, they are funding increasing proportions of resident stipends and benefits across all hospital ownership categories except the Veterans Administration (VA), according to the 1990 *COTH Survey of Housestaff Stipends, Benefits, and Funding* (see figure 1). VA hospitals are excluded from this analysis, as they are funded almost entirely by the VA, but funds provided by the VA to other hospitals are included.[2]

For all nonfederal COTH hospitals combined, funding from patient revenues rose from 81% in 1985-86 to 86% in 1989-90. The corresponding decline of 5% was relatively evenly distributed across all other sources of financing, including NIH grants, endowment income, foundation grants, and voluntary agency and other funds. A substantial portion of the patient revenue support is accounted for by Medicare, which continues to be the major third-party payor that specifically earmarks funds for housestaff training.

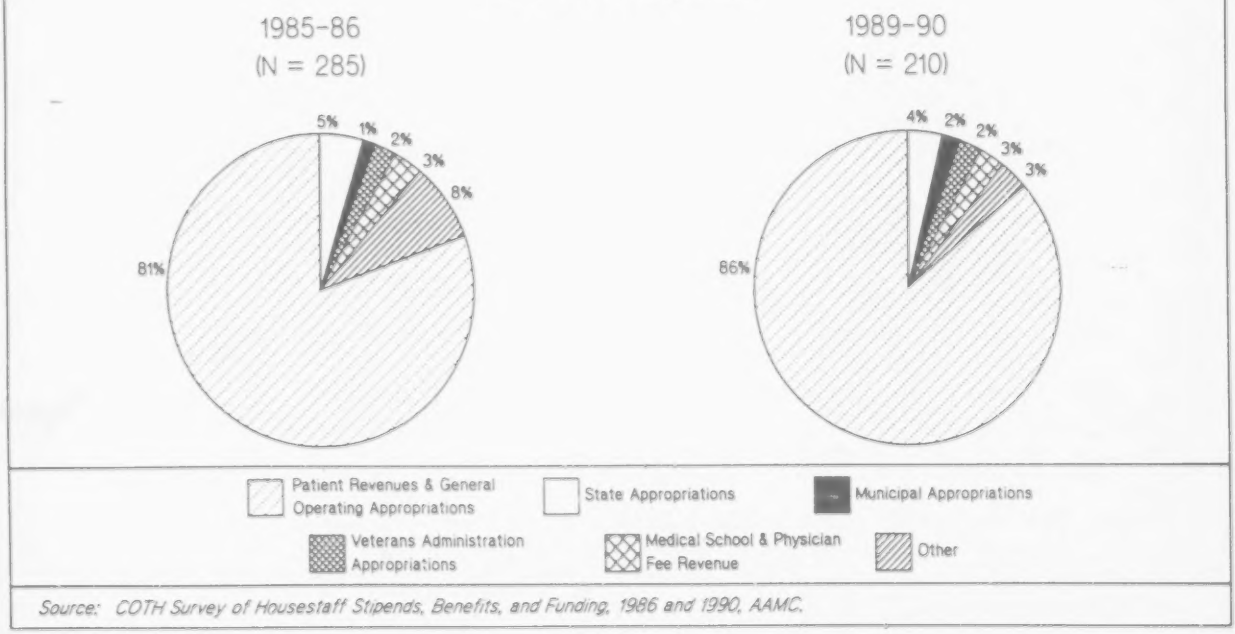
Looking at sources of funding by hospital ownership, state hospitals report decreased reliance on state revenues and increased reliance on the VA (see figure 2). Municipal hospitals experienced the largest increase in patient revenue funding for stipends and benefits, from 66% to 78%, over the four year period. Municipal hospitals, which typically serve a lower proportion of Medicare patients, depend to a great extent on other sources, such as county or state budgets. Because these other sources can be very institution-specific, the data reflect the unique characteristics of respondents in any given year. For example, three respondents reported municipal appropriations as their sole funding source in 1989-90. For the responding municipal hospitals as a group, municipal appropriations for resident stipends and benefits increased from 6% to 13% from 1985 to 1989. Corresponding decreases occurred in "other" funding sources, which include NIH grants, other federal funds, endowment income, and voluntary agency grants.

[1] Fellowships are more reliant than residencies on other funding sources. Overall, fellows in responding COTH hospitals received 69% of their support from patient revenues and 15% from medical school funds and physician fee revenue in 1989-90. However, major differences exist across subspecialties.

[2] The VA is in fact a major contributor to graduate medical education and funds nearly 10% of residents in all U.S. training programs. Association of American Medical Colleges. *The Partnership: VA Hospitals and Graduate Medical Education*. June 1990.

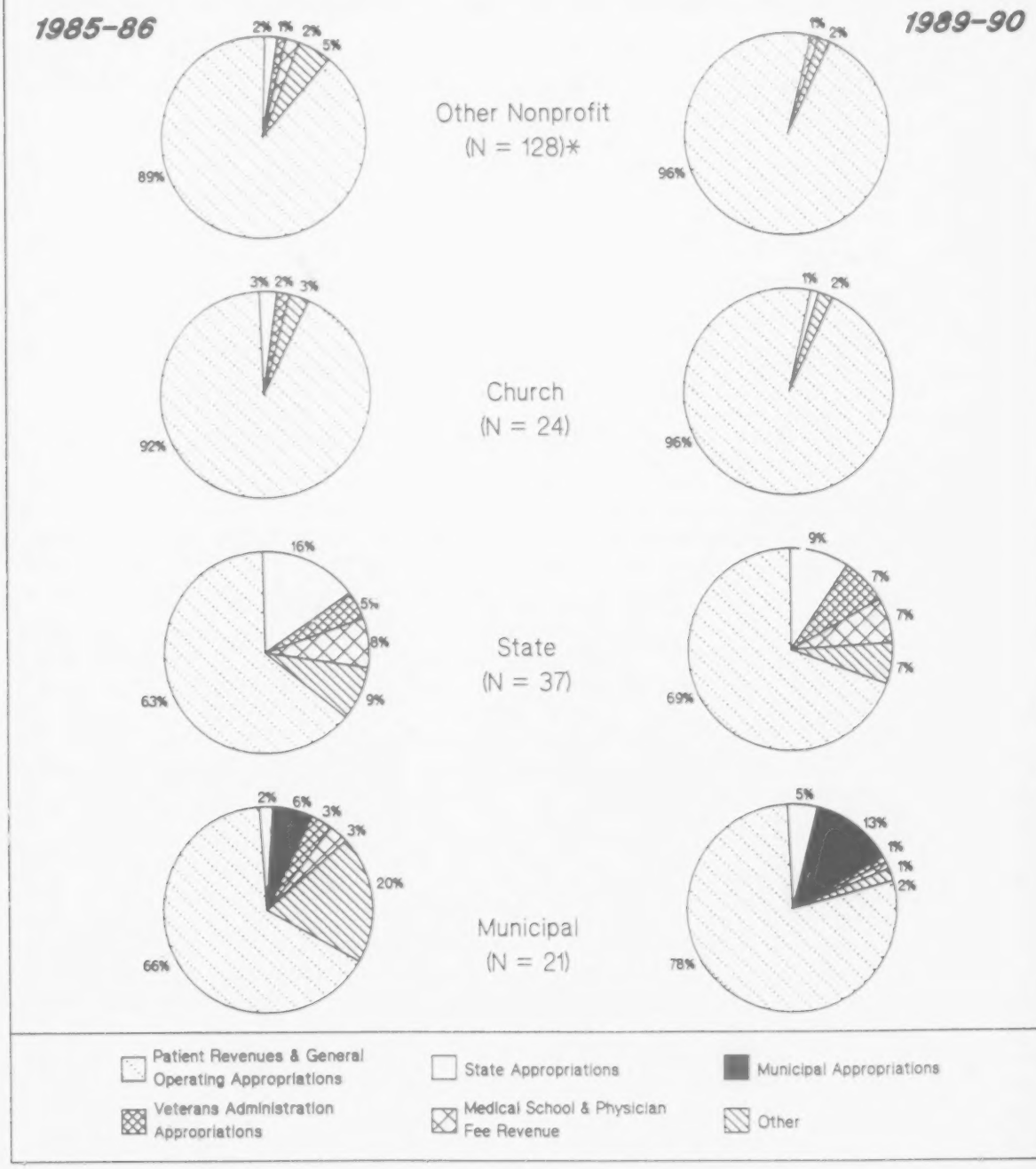
Financing Sources for Resident Stipends and Benefits in Nonfederal COTH Hospitals

All COTH Hospitals



Source: COTH Survey of Housestaff Stipends, Benefits, and Funding, 1986 and 1990, AAMC.

Financing Sources for Resident Stipends and Benefits
in Nonfederal COTH Hospitals by Ownership



ED LINE

COTH Hospitals' Use of Ambulatory Training Sites for Graduate Medical Education

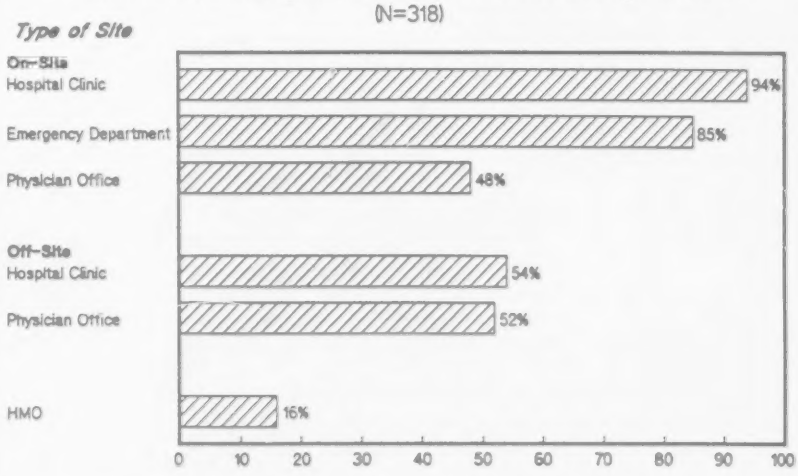
Alison Evans and
Joyce V. Kelly, Ph.D.

While a great majority of COTH hospitals are using ambulatory training sites for graduate medical education, the training is primarily taking place in hospital-based settings. The 1990 COTH Survey of Housestaff Stipends, Benefits, and Funding shows that 94 percent of 318 responding hospitals provide some housestaff training in on-site hospital clinics (Figure 1). Hospital emergency departments are the next most common setting for ambulatory training (85 percent), while HMOs are the least common (16 percent). Approximately one-half of the responding hospitals use physician offices located either on- or off-site; the survey did not distinguish between community-based private physician practices and practices of medical school faculty.

Looking at combinations of training sites, approximately 80 percent of COTH respondents indicated using between two and five types of sites (Figure 2). Site selection is sensitive to hospital ownership. Among COTH hospitals, Veterans Administration hospitals tend to offer fewer types of ambulatory training sites, while state-owned academic medical center hospitals tend to offer a greater variety of sites (data not shown). The COTH survey, while not specifically addressing training time or individual specialties, supports in part the findings of the National Study of Internal Medicine Manpower (NaSIMM). NaSIMM found that internal medicine programs in government hospitals - federal, state, and municipal - and academic medical centers devote proportionately more ambulatory training time to on-site clinics, compared to church-owned and minor teaching hospitals.

Figure 1

COTH Hospitals Providing
GME Training in Select Ambulatory Sites
(N=318)

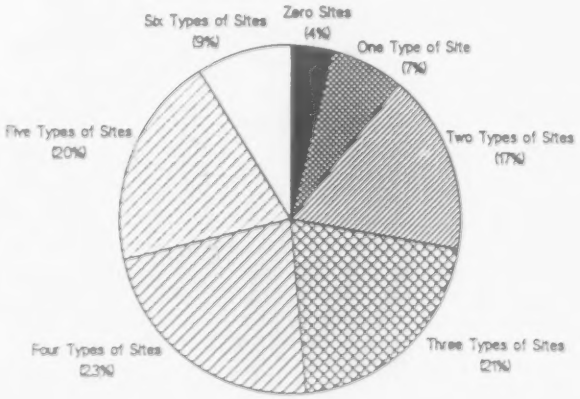


Note: Other sites reported were County Health Department (N=6), Community Health Clinic (N=4), Surgicenter (N=2), and nursing home, mental health center, or long-term facility (N=1).

Source: COTH Survey of Housestaff Stipends, Benefits and Funding, 1990, AAMC.

Figure 2

Variety of Ambulatory Training Sites
Used by COTH Hospitals
(N=318)



Note: The six select types of sites are listed in Figure 1.

Source: COTH Survey of Housestaff Stipends, Benefits, and Funding, 1990, AAMC.

8

ED LINE

DRUG/ALCOHOL POLICIES FOR HOUSESTAFF IN COTH HOSPITALS

Alison Evans

Thirty-four percent of COTH members have a policy regarding suspected drug/alcohol abuse by housestaff, according to the 1990 COTH Survey of Housestaff Stipends, Benefits and Funding. Approximately the same percentage have a policy regarding treatment and rehabilitation. Significantly fewer, 13 percent of respondents, have a policy for drug/alcohol screening. Of the hospitals with policies regarding suspected substance abuse, 82 percent also had treatment and rehabilitation policies. A disproportionately high number of hospitals with drug/alcohol policies are municipal and church-owned, while a disproportionately low number are Veterans Administration hospitals. Several COTH members noted that drug/alcohol policies are maintained at the university level; therefore, drug/alcohol policies may be more prevalent than is suggested by these data.

Forty-five survey participants provided a copy of their written policies. These documents range from residency program applications with questions on drug/alcohol abuse, to descriptions of state licensing board regulations, to excerpts from personnel, supervisor, housestaff and residency program manuals. Some are brief drug-free workplace statements, others are extensive descriptions of assistance programs. The policies submitted apply in most cases to all hospital employees, in others to residents specifically - either separately or together with faculty members. In the majority of instances, the focus is on drug/alcohol problems; in others it is on impairment in general. The documents range in tone from a strict disciplinary approach to a disease emphasis.

Of 45 written policy statements, nine include preemployment drug screening policies, and sixteen include a drug screening test following suspected drug/alcohol abuse; of these sixteen, eleven state that residents are suspended for refusing the test and four state residents are suspended pending test results. Once substance abuse is suspected, the issue remains as to who should approach the resident and when. Some documents outline in detail who bears this responsibility (for example, the supervisor or program director), what measures should be taken (for example, who should be present, or where a drug screen should be administered), what documentation is needed, and what role the hospital's Human Resources department plays.

Most plans include a description of an employee assistance program. Often rehabilitation is a possible corrective action, but only one third of the plans specify a rehabilitation program or a choice of rehabilitation programs; similarly, one third of the plans indicate who is to monitor the resident's treatment progress. Some statements address types of leave available in cases where treatment is sought; others describe committees formed to address drug/alcohol abuse. In total, the documents cover a wide range of issues, from personal to managerial. The type of documentation submitted and the policy content vary considerably across institutions. ■

ED LINE

Trends in Housestaff Benefits

Alison Evans

Do housestaff receive more benefits or fewer benefits than they did five years ago? The answer depends on the benefit in question, on the geographic region, and on the type of hospital. Data from the **COTH Survey of Housestaff Stipends, Benefits, and Funding** for 1986 and 1990 show that, while hospitals are increasingly offering fully paid life and disability insurance and more vacation leave, there have been tradeoffs: health insurance is more

likely to be cost-shared than five years ago, and subsidized housing is becoming less common. Over the past five years, with a few notable exceptions, housestaff benefit packages have become more similar across regions and hospital ownership categories.

Life Insurance

The percentage of hospitals fully paying life insurance has gone up in the last five years (from 70 percent to 82 percent, nationwide), while the percentage either partially or not paying premiums has gone down. However, hospitals in the West present a different picture. While the percentage of western hospitals fully paying life insurance has gone up, so has the percentage that does not pay life insurance premiums at all. In 1990-91 no western hospitals reported cost-sharing life insurance premiums, down from 25 percent in 1986-87. Thus, western hospitals have shifted from cost-sharing to either **fully** paying or **not** paying life insurance premiums. Municipal hospitals also showed increases at both extremes. The percentage of hospitals both fully paying and not paying the premiums went up, while the percentage of hospitals sharing costs fell to zero.

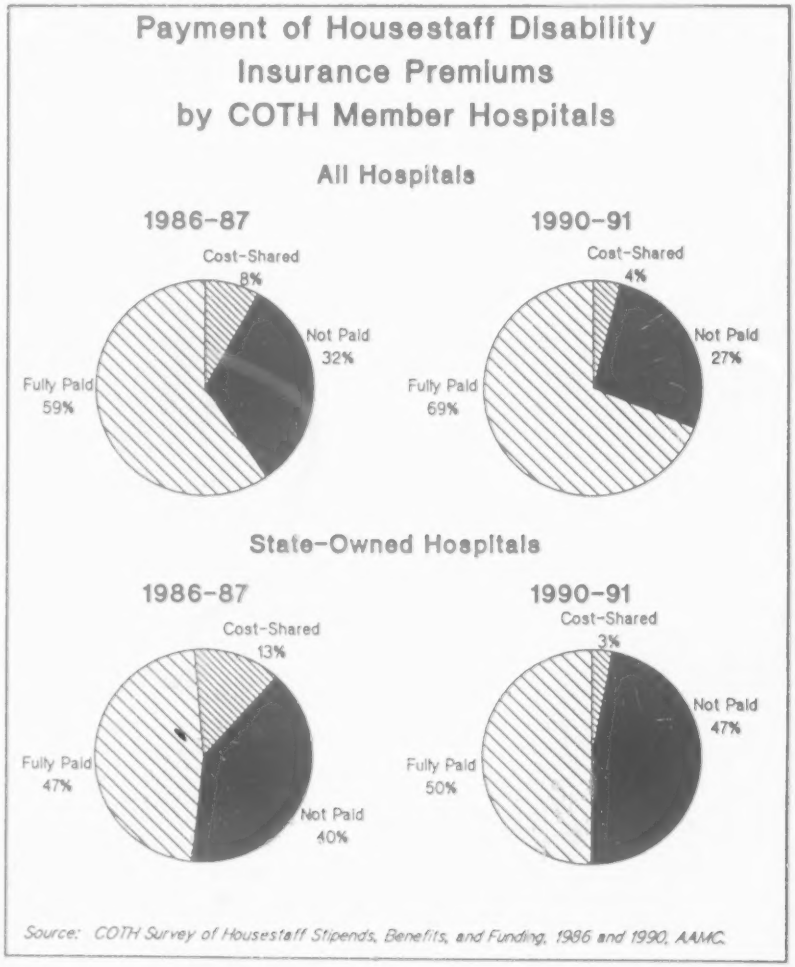
Disability Insurance

Overall, coverage of disability insurance for housestaff is more widespread than five years ago. Figure 1 shows more hospitals are fully paying disability insurance premiums, 59 percent in 1986-87 compared to 69 percent in 1990-91. State hospitals lag behind the national average in terms of disability insurance, and the gap is widening. The percentage of state hospitals **not** paying premiums has increased in the last five years and is well above the national average. Hospitals in the West, once again, show increases at both extremes: a higher percentage fully paying **and** a higher percentage not paying insurance premiums (data not shown).

Health Insurance

With the rising cost of health insurance premiums, hospitals have shifted from assuming the full cost to sharing the cost of health insurance. Very few hospitals do not pay at least part of the premium (one percent in 1986 and 1990). The housestaff survey does not address deductible and copayment policies, which may have substantially changed. However, the survey shows that today's housestaff health insurance is more likely than five years ago to cover dental services, drug prescriptions, hospital employee health service, and particularly psychiatric

Figure 1



counseling and psychological support. As the coverage is expanded, housestaff, in many cases, are paying more of the premium cost.

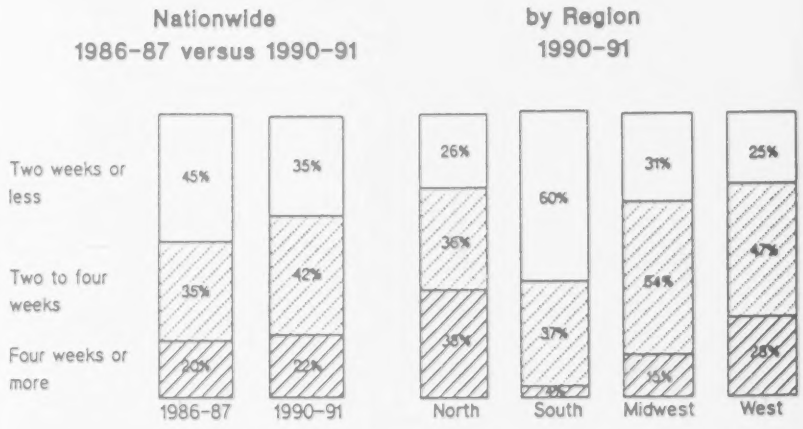
Regional differences in health insurance premium payment are less marked than five years ago. Hospitals in the South, which previously were far less likely than northeastern hospitals to pay fully for health insurance (64 versus 81 percent), now are comparable to their Northeast counterparts (72 versus 76 percent). Ownership differences also are less pronounced than five years ago.

Vacation Time

Figure 2 shows vacation leave has increased over the past five years on average nationwide. National data, however, mask strong regional and ownership differences. In the Northeast 38 percent of hospitals provide four or more weeks of vacation leave in 1991, compared to 4 percent in the South, where two weeks or less is the most common category. Church and municipal hospitals in the Northeast provide by far the most vacation leave with zero percent reporting less than two weeks, and over 60 percent offering four weeks or more; hospitals of these ownership types present a very different picture if they are located in the South: zero percent offer four weeks or more and 75 percent offer two weeks or less. While some regional differences can be observed among state and other non-profit hospitals, they are less pronounced. Housestaff in state-owned hospitals receive the most vacation leave on average nationwide.

Figure 2

Vacation Leave for First-Year Housestaff in COTH Member Hospitals



Source: COTH Survey of Housestaff Stipends, Benefits, and Funding, 1986 and 1990, AAMC.

Housing

Subsidized housing has become a benefit of the past. Five years ago, approximately 30 percent of church, other non-profit, and municipal hospitals paid for residents' housing, either fully or in part. Today, only 7 percent of church, 12 percent of other-non-profit, and 17 percent of municipal hospitals include subsidized housing in their housestaff benefit package.

National Overview

Compared nationally, northeastern hospitals stand at or above average in providing benefits of all types. Western hospitals are below average for life insurance, disability insurance and subsidized housing; they are at the national average for health insurance premium cost payment; and they are above average in terms of vacation leave. Midwestern and southern hospitals are near average for most benefits; however, southern hospitals make their mark by having by far the most limited vacation leave.

When the data are analyzed by ownership category, other non-profit hospitals have the most generous benefits, particularly for life and disability insurance. For other hospital ownership groups the relationships are less clearly defined. For example, church-owned hospitals tend to be above average for disability insurance premium cost payment, at the national average for life and health insurance, and below average for vacation leave offered.■